

What general preparation should be made for a home delivery?

The preparations for the home delivery are simple, very little money need be spent in making them. The husband and wife are responsible for making these preparations, and they should make an effort to complete them by the end of the seventh month. The mother will feel less like getting things together after this time, and early preparation will also insure readiness in the event of a premature delivery. A list of the materials needed for the home delivery should be given to the woman by the midwife. The family should keep the necessary telephone number and address of the midwife in a certain place so that if an emergency arises there will be no confusion in finding them. The things that can be washed should be washed with soap and dried in the sun if possible, then ironed with a hot iron and folded with the ironed surfaces together. These should be put in a clean bag and put away until the time of labor and delivery. All other articles should be collected and kept ready for use at delivery.

What is needed to care for the mother after delivery?

There should be clean things for the bed and clean clothing for the mother while she is in bed following delivery. She should have a wash basin, towel, wash cloth, soap in dish, glass, tooth brush and paste, and container for drinking water. There should be a package of very clean old soft cloth sanitary pads, clean cotton balls or small squares of soft cloth and a container for boiling them.

Why is it important to keep a blanket warm for receiving the baby at delivery?

The baby's receiving blanket and bed should be kept warm with hot water bottles to prevent chilling and loss of heat. The baby has been living in a very warm place for ten months and he should not have too sudden a change in temperature.

What happens to the uterus after the baby and afterbirth are expelled?

After the baby and afterbirth are expelled the uterus contracts becoming smaller and hard. It should stay that way for if it relaxes and becomes soft it may cause severe bleeding.

How is the cord cared for?

After the baby is born and is breathing the midwife clamps or ties the cord in two places and cuts it between these clamps or ties. Then she ties the cord securely with a square knot, about one half inch from the baby's body. A gauze dressing is placed over the cord and it is held in place by a band. Nature treats this stump much the same as it does the bloom of a fruit tree or vegetable. It dries up, sloughs off or falls away usually leaving a clean healed navel. If various kinds of



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powder, oils, etc. are put on the cord it may cause it to rot off and leave a raw or draining sore. Therefore it is better if the cord is kept clean and dry, with no treatment, so that nature gradually dries the cord away from the navel. As soon as the navel is healed the bad may be left off.

Why are the baby's eyes treated at birth?

The eyes of the baby are treated within a few minutes after birth to prevent the development of a gonorrhoeal infection. As the baby is being delivered or after he is born germs from the birth canal may get into the eyes, and if these should happen to be gonorrhoea and the eyes are not treated there is very great danger that the infection will lead to complete and permanent blindness. Some parents do not want the midwife to put the drops in their baby's eyes because they think that only gonorrhoea causes sore eyes and that because the mother has not had the symptoms of gonorrhoea and been treated for it is not necessary to use the drops. The gonorrhoea germ causes no more than one half of the eye infections in infants, and the drops are a protection against other germs as well. The drops do not hurt the baby's eyes even though there are no harmful germs in them, so it would be very foolish to run the risk of one baby even getting an infection because the drops were not used.

How is the baby cared for right after birth?

After the cord has been tied and the eyes treated the baby is bathed, oiled or no care of the body is done. When clothing suitable to the weather has been put on him he is placed on a bed, crib, box or basket that has been prepared for him. If the weather is cool a bag or bottle filled with hot water should be placed in the bed to keep the baby from getting chilled. The bottle should always be wrapped in several thickness of cloth so that there will be no danger of burning the baby. The foot of the baby's bed should be raised a little and he should be turned on his side so that it will be easier for him to get rid of any mucus that might have collected in his throat during birth. His face should be kept free of all covers to avoid any danger of smothering. Someone should check the baby frequently during the first few hours after birth to see that he is not choking or bleeding at the navel.

Why should the baby have his own bed?

When the baby has his own bed he and the mother are more comfortable. There will be no danger of the mother rolling on him while she is asleep if he has his own bed. If he sleeps alone there will



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not be nearly as much danger of his catching a cold or any other infection that the mother might get.

What care should the mother have just after the baby is born?

The mother and her bed should be cleaned immediately after delivery and she should be left to rest, the room being kept quiet. All of the unnecessary articles and waste should be taken from the room. The mother should not have any visitors for at least twenty-four hours. She should be checked fairly often during the first hour or two for bleeding, and if there should be excessive bleeding the doctor should be notified at once. For excessive bleeding the foot of the bed should be raised and the uterus gently but firmly massaged into a hard ball. The woman should lie on her back with her knees together until the bleeding is checked.

Why is it necessary to register the baby's birth?

It is most important that the birth of every new baby be registered immediately after birth so that he will have a properly recorded birth certificate. This may be needed for many reasons during the life of the baby, some of these are; to establish his citizenship, to get him into school, as evidence to prove age in order to vote, to get employment, etc. The person who gives the information for the birth certificate should be very accurate about each point on the record. This includes the full name, age and race of the father and mother and their birth place and occupation, as well as the birth history. It is very helpful if the family has a name ready for a boy or girl, then the birth certificate can be filled out at once. The midwife, or other attendant, at delivery is responsible for sending a medical notification of the birth to the Koseki office immediately. The filing of the completed birth certificate is the responsibility of the family. This too is taken to the Komeki office, and the information on the two should of course be the same.



## LESSON V

SUBJECT: Clothing for Baby

AIM: To teach the mother the necessary articles of clothing for the baby, how to select them, how to make them and how to wash them.

VISUAL AIDS: Sample layette  
Patterns and directions for making baby clothes

## SUBJECT MATTER

Questions

What is the first thing to consider when buying clothes for the new baby?

Why is the home-made layette better than the ready made one?

What type of material should the mother use in making clothing for the baby?

How should the baby's clothes be made?

Answers and Discussion

In selecting clothes for a new baby the first thing to consider is the purse. The things should be bought according to that, the most necessary things first.

The clothes that are made at home are usually much cheaper than those bought already made. If the mother buys her own material to make the clothes, it will usually be better than that in clothes she would buy. The coming baby will seem more real to the mother if she makes the clothes for him, it will give her something to do, too.

The material used for baby's clothes should be soft, comfortable, non-irritating and of the weight suitable to the season of the year. If the baby does not have on enough clothes, his skin will feel dry and his extremities will be cold and gray. If he is overdressed, he will be uncomfortable, irritable, restless, and cross. His face may be flushed, his body hot and sometimes moist, and his temperature may be elevated. Prickly heat and colds may be the result of keeping the baby overdressed. If the baby's feet are warm, and if he is not noticeably perspiring and appears to be comfortable, the mother can assume that the clothing is adequate.

The comfort of the baby should be the first consideration. The garments should be loose to permit freedom of movement and ease in putting on and taking off.



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It is better if they are open down the back and fastened with narrow tape at the neck only. They can then be separated in the back when the baby is lying in bed and will not get wet or soiled each time the diaper is. There should be no pins, big seams, etc. where the baby will lie on them. The clothing under him should be kept smooth at all times.

Should the baby's clothes have special care in washing?

To make baby's clothes last well and keep soft, they should be washed with a mild soap and warm water, if possible. The soapy water should be squeezed through the clothes several times instead of rubbing them hard. The clothes should be rinsed several times in clean water to prevent irritation of the baby's skin from the soap. Whenever possible, the clothes should be dried in the sunshine or open air.

What kind of care should the diapers have?

The diaper should be changed as often as it is wet or soiled. At night it should be changed if the baby wakes when it is wet. Wet diapers should never be used a second time before washing. Wet diapers should not be left lying around the room or dried near a heater. Wet diapers should be placed at one in a covered pail  $\frac{2}{3}$  full of clean water and left until they can be washed. Diapers soiled with stool should be brushed or scraped so that as much stool as possible may be removed immediately. When only stain is left, the diaper may be put into the covered pail with the others. If possible, the diapers should be washed in hot water with mild soap. They should be rinsed through four waters so that all soap is removed. Diapers should be dried in the sunshine or open air when possible. The diapers should be boiled occasionally. If the baby has diarrhea, the diapers should be boiled every time they are used until the diarrhea is gone. A diaper that has not been boiled since use should never be put under a baby's head, or used near any part of the baby except genital region.



Why is it so important to change the baby's diaper as soon as it is wet, and what care should be given the buttocks?

The diaper should be taken off as soon as it is wet or soiled to prevent irritation of the baby's tender skin. The mother should try very hard to have enough diapers to keep the baby dry without using a wet diaper more than once before it is washed. When changing the diaper, the buttocks should be bathed with clean, warm water. If the baby is taught the feeling of dryness, it will be easier to train him in good toilet habits.

Is it advisable to let the baby wear rubber or waterproof pants?

Rubber pants over the baby's diaper to protect his clothing should be used only on special occasions when such protection is particularly important. Usually it is better to give protection by placing just a rubber square under the baby's buttocks. If rubber pants are worn, they should not be tight enough at the waist or knees to leave marks on the baby's skin. They should have air holes in them to allow for evaporation. When the baby wears rubber pants over the diaper, the mother should be very careful to change the diaper as soon as it is wet or soiled.

How long should the baby wear the band?

The only reason the band is put on the baby is to hold the dressing over the cord in place. When the cord has dropped off and the navel healed, the band need not be worn any longer.

Does the baby need much clothing on in warm weather?

Many mothers keep the baby too warm. This is one of the big reasons for babies being restless and fretful in warm weather. In summer the baby needs only a diaper on during the daytime. If the baby's feet are warm and the back of his neck is free from perspiration, the baby is comfortable. The blanket or wrap is to put around the baby when picking him up and when he is out of bed. He should be free to move about when in bed.

When making a layette, one should:

Know the amount of money they have to spend. Consider the type of material, its comfort, its durability, and whether or not it will wash well.

Use patterns when cutting out material.

Lay patterns on material carefully so as to avoid waste.

Make necessary articles first.



## LESSON VI

SUBJECT: Labor and the postpartum Period

AIM: To teach the mother and family the importance of care of mother and baby during this period, emphasizing the care of the breasts.

Visual Aids: Equipment for mother's daily cares:

For the bed:	Clean bed clothing and some kind of protection to put under the mothers hips.
For Mother's Care:	Clean clothing, wash cloth and towel, wash basin, soap in dish, comb, tooth-brush and paste, drinking glass.
For local care:	Sanitary pad, paper bag for waste, 12 wipes - 4 inch squares of clean soft rags or large cotton swabs, covered container for boiling wipes, mothers soap in dish.
For breast care:	Boiled water, cotton balls or small squares of soft cloth, small paper bag for waste.

Subject Matter:

Questions

Answer and Discussion

What happens about a month before the baby is born?

Pregnancy begins at the time of conception and usually lasts 40 weeks or 280 days. The time of delivery may be estimated by counting backward three months from the first day of the last menstruation and adding seven days. Toward the end of this period the individual may be pretty uncomfortable. The size of the abdomen will depend upon the position in which the baby is carried. About a month before the time for delivery the baby's head sinks into the pelvis and its body falls forward a little.

What are some early signs that labor is near?

The mother will walk much more clumsily because the baby had dropped down lower into the pelvis causing more weight in the lower abdomen. The increased pressure may cause the amount of vaginal discharge to increase. When the baby drops down into the pelvis there is less pressure against the diaphragm so the mother will be able to breathe much easier. The mother may have to pass her urine much more often because of the pressure on the bladder as



the baby's head descends into the pelvis. These signs may begin as early as two weeks before the baby is born in a woman who is pregnant for the first time. In later pregnancies they may not begin until just before the deliver.

What is labor and how will the patient know when it begins?

Labor is the work which the uterus does to push the baby out into the world. When labor begins the mother will have regular contractions of the uterus, these will usually be felt first in the region of the back. There may be a discharge slightly colored with blood. Occasionally the bag of waters may rupture before labor begins but it is usually some time after the woman has been in labor.

When the midwife should be called and what should she be told?

As soon as the woman is having regular contractions she should notify the midwife. She should let the midwife know when the contractions began, how many minutes apart they are and how long the contractions last. She should be told if the bag of water has broken, if there is a discharge or if there is any bleeding. The mother should not be left alone after labor has begun. Two kettles of water should be put on to boil, after boiling for ten minutes one of them should be set off to cool.

What is the purpose of the contractions during labor?

When labor begins the muscular contractions of the uterus occur and they slowly force the bag of waters as a wedge through the opening of the uterus. These contractions usually seem to begin in the lower part of the back and work around to the abdomen. The muscles of the uterus act in labor very much like the earth worm does when it crawls. The cervix or mouth of the uterus opens for the baby to pass through. These contractions are made by the uterus pulling upon itself shortening its length, at this time the abdomen gets hard and seems to stand out. The cervix is pulled open a little with each contraction; the cervix which is normally less than  $\frac{1}{4}$  of an inch in diameter must stretch to  $3\frac{1}{2}$  or 4 inches before it is large enough to permit the child's body to pass out. When baby's head reaches the pelvis floor not only the muscles of the uterus are used but the abdominal muscles are used to help push the baby out. A few minutes after the birth of the baby these same contractions expel the afterbirth.

When does the bag of water break?

Occasionally the bag of water will break before labor actually begins. If this happens the woman should go to bed and notify the midwife at once. Usually the bag of water does not break until the mouth of the uterus is completely open. If the bag of water breaks



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early in labor it may slow down the progress some. It makes the labor easier if the water does not break until the mouth of the uterus is all the way open.

What are the steps in the process of labor?

The process of labor is divided into three stages, the first stage, or the dilating stage, begins with the first true labor contraction and ends when the mouth of the uterus is completely open. This is the longest stage, it may last for several hours, and it sometimes seems to the woman that she is not making any progress. At first the contractions may be one half hour apart but they gradually come closer and closer together. To pass the time between pains the woman may do whatever she likes, she may sit down, lie down, walk about or sleep if she can. The second stage begins when the mouth of the uterus is fully dilated and ends with the birth of the baby. This stage is much shorter than the first and the mother does not feel as discouraged now because she feels that she is making progress since she can help by bearing down and pushing the baby along. The third stage extends from the time of the birth of the baby until the after-birth has been expelled and the uterus has contracted. This stage may last from ten to forty five minutes.

Should other children in the home be told that a new baby is coming?

It is always best to tell the other children in the home that a new baby is expected. They should be given careful attention so that they will not be jealous or feel insecure when the new baby arrives. This is often a very sad experience for the small child who has been having all of his mother's attention. The children should be told early in pregnancy so that they can help with the plans for the new baby, the small child may want to save his toys for the new brother or sister.

What foods should be given the mother during the postpartum period?

The nursing mother may have the same foods that she had during pregnancy. For the first twenty-four hours she should be served with light foods such as broths, soups, toast and tea, etc. after this time if she feels like it she may eat a regular diet. An attractive tray with a variety of foods served in small quantities is more appetizing than larger amounts of one or two kinds of foods. If the mother has a poor appetite and eats a little food she may be able to take four meals a day better than the three regular ones. Good nutrition is just as important during the lying-in period and throughout the nursing periods as it was during pregnancy.

Should the mother have a bath each day during the postpartum period?

While the mother is in bed she should have a daily bath and the soiled linen should be changed on her bed. The skin is more active than normally and there is more odor to the perspiration at this time so it is very



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important for her to have a bath every day. By the time the baby is three days old the mother may take her own bath if the equipment is brought to her bedside. The exercise she gets while taking her bath will be good for her.

What is the purpose of the perineal care given?

The perineal care is given to prevent an infection entering the vagina and for the cleanliness and comfort of the patient. It also helps to prevent unpleasant odors.

What preparation is necessary for giving perineal care?

The twelve wipes or swabs of cotton to be used for the care should be boiled in a small covered container just before they are to be used and set aside to cool. While it cools carry all the other things to the bedside and arrange them in convenient order.

How is the mother prepared for the perineal care?

The mother should be lying on her back and protected from unnecessary exposure, if the room is cold keep her chest well covered. Turn the covers back and ask the mother to bend her knees and raise herself with her feet flat on the bed, then slip the bed pan under her hips. Remove the soiled pad and notice the discharge, the color, odor and whether there are any clots. Place the soiled pad in the paper bag. Leave the mother alone for a few minutes for her to pass her urine. The person giving care should now wash her hands thoroughly.

What method is used in giving the perineal care?

Remove the cover from the boiled wipes and set the basin on the foot of the bed. Pick up the top wipe and squeeze it nearly dry into the bed pan. Wipe off the secretions, using each wipe for one downward stroke and then dropping it into paper bag, using as many as necessary to remove all the secretions from the outside of the vulva. Do not separate or touch the inner surface of the vulva. After the secretion is removed then go over the vulva again using soap on every other wipe and rinsing it off with the next one. Wring the last wipe very dry. Turn the mother on her side and wash the buttocks and around the anus. Put the clean pad on without touching the side that goes next to the mother, fasten it snugly but not uncomfortably tight. Make the patient comfortable before leaving her.

What changes take place in the breasts during pregnancy and the nursing period?

There are many changes that take place during pregnancy to prepare for the function of nursing. The breasts become much larger and the nipples more prominent. Within each breast there are many glands bunched together like bunches of grapes. The grapes represent the glands and the main stems the ducts. These ducts lead into the nipple where there are many



very small openings. The function of these numerous glands is to produce milk. When the baby nurses the milk is drawn from the glands through the ducts by the suction.

What care should the nipples have after the baby comes?

With these tiny openings in the nipples exposed to the air it is necessary to keep them protected from infection. They should be washed every day with soap and water, using a clean cloth and towel and clean clothing should be kept next to them. If it is not possible to have a clean gown each day a square of clean cloth may be used to cover the breasts. The nipples should be washed before the baby nurses each time so that he will have a clean place from which to nurse. Each nipple should be washed with a separate piece of soft clean cloth or cotton dipped in boiled water and dried with a second square. They should be washed in the same manner after the baby nurses to clean off the mixture of milk and baby's saliva so as to prevent the formation of crusts.

What preparation should the mother make each time before nursing the baby?

If the baby's diaper is wet or soiled it should be changed before nursing. The mother should wash her hands thoroughly before touching the breasts and nipples to get them ready for the baby to nurse. She should be seated comfortably or lying down in bed. She should be relaxed and free from any feeling of hurry or worry. A few minutes of rest before nursing the baby is very valuable to the baby's digestion. While nursing the baby should be held securely with his head and back supported by the mother's arm, and the breast should be kept away from the baby's nose.

What is the care of the breast during the nursing period?

After the baby had finished nursing and the mother has washed the nipples and covered them with a clean cloth the breast may be supported by a snug fitting chichi-osae. The purpose of this is to support the breast in the natural position. The chichi-osae should not cause pressure at any point particularly over the nipples. If the nipples become cracked and sore or the breasts engorged the doctor should be consulted.

During the prenatal period definite plans for the care of the mother and baby during the postpartum period should be made. Following the delivery the mother can care for her future health and her baby by:

Staying in bed or resting for eight to twelve days.

Avoiding heavy lifting and strenuous exercise.

Eating an adequate diet.

Avoiding worry and nervous strain.

Planning to nurse her baby, because mother's milk is the best food for the baby, It is the most economical and it is protected from warm weather and germs.



## LESSON VII

**SUBJECT:** Feeding the Baby

**AIM:** To teach the mother that one big responsibility to her baby is his nourishment and that the right food, with regularity and cleanliness, will aid in health, security and protection.

**VISUAL AIDS:** Equipment for making a formula Chart of baby's stomach

**SUBJECT MATTER:**

QuestionAnswer and Discussion

When is the baby put to breast first?

If the mother had a normal delivery the baby may be put to breast after they have both rested from eight to twenty four hours. The baby is born with an instinct for sucking and he must be given the opportunity to develop this instinct.

About when does the breast milk appear?

It is usually about three days after delivery before the milk forms in the breast. During this time there is a substance in the breasts called colostrum. This material acts as a kind of laxative and helps the baby to get rid of the dark brown material in the bowels at birth.

Should the baby have any other food while waiting for the milk to come?

Until the milk appears an ounce of plain boiled water may be given the baby every three or four hours. That will be all the liquid that will be necessary before the milk comes unless there is some indication for more, such as continued crying or fretting. The doctor should be consulted about a formula than.

Should the mother nurse her baby?

The mother should make every effort to nurse her baby. She should want to do this thing for him more than anything else, for it means a good start in life. For ten months the baby is fed through the mother's blood stream, this same blood stream supplies the milk in the mother's breast. It is always ready even to the temperature and it is free from germs. Nursing from the breast brings the baby closer to the mother. Every baby needs a certain amount of cuddling to make him feel happy and secure.

If the mother has a cold how can she protect her baby from the infection when he is nursing?

The nipples are washed before and after each nursing. The mother should always wash her hands before she picks the baby up and she should keep her head turned away from him while he is nursing. She should wear a mask to keep the germs from infecting the baby. She should not touch the mask with her hands from the



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time she puts it on until she is ready to take it off, after it is worn it should be washed immediately. It is best to have two or three masks so that the mother can always have a clean one dry and ready for use.

Where is the best place to nurse the baby?

A quiet place where the mother can be seated comfortably should be selected. The bed is a very good place for nursing the baby if it is convenient. Nursing should be a period of rest for the mother and she should not feel rushed while doing it. She should also avoid hurry, excitement or overheating just before it is time to nurse the baby.

What is the size of the baby's stomach and what is the average feeding schedule?

At birth the stomach holds one ounce, in two weeks two ounces; six months, six ounces; and one year nine ounces. It takes about three hours to digest the food and empty the stomach, it should have a period of rest between each feeding.

What is a good general schedule for the mother and baby?

6:00 - 6:20 Nursing  
While the baby sleeps, preparation and eating breakfast, washing dishes, making beds and getting children off to school.

9:15 - 10:00 Cod-liver oil, orange or tomato juice  
Exercise  
Bath

10:00 - 10:20 Nursing

11:00 - 2:00 While the baby sleeps - baby's wash, lunch, wash dishes and a rest period for the mother.

2:00 - 2:00 Nursing

2:20 - 4:00 Mother and baby out of doors for a while - Sun bath for baby if weather is warm.

4:30 - 6:00 While baby sleeps, or is awake, mother can prepare evening meal.

6:00 - 6:20 Nursing

6:20 - 10:00 This may be the time of eating the evening meal, washing dishes, spending some time with the husband and children.

10:00 - 10:20 Nursing

(Each member of class may be asked to hand in a schedule they think will be helpful to them.)



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How should the mother plan her own work?

The mother should try to plan her work so that the heavy work is divided. Washing may be done on Monday and Tuesday between 6:00 and 9:15 and 11:20 - 2:00. Ironing on Wednesday. Cleaning Thursday and Friday and shopping on Saturday. This will leave some free time for her to rest, spend with her baby, husband, etc.

Should the baby be fed regularly?

There should be some regularity in regard to feeding the baby if he is to grow up to be a healthy and good baby. Every baby will not necessarily be on a four hour schedule, one might need to be fed every 3½ hours, another might go 4½ hours but once the mother learns what the schedule of her baby is she should stick to it as nearly as possible. By the end of the second month if the baby is gaining normally the 2:00 A.M. feeding should be discontinued. The baby should be taught to nurse long enough at the time to get his needed nourishment, this will be about 15 to 20 minutes. It is important that the baby be well awake and nursing properly while he is at the breast. The breast should be emptied well at each nursing. Once or twice during the nursing and once after he has finished the baby should be held up against the shoulder and patted gently on the back to be sure that he gets rid of any air he has swallowed.

What can be done with the baby who nurses too rapidly or too slowly?

If the baby nurses too rapidly he should be taken from the breast two or three times during the nursing in order to give him a rest period of a few seconds, or a minute. The slow nursing baby should be taught to get his feeding within a twenty minute period. The baby should not be allowed to play while nursing as this may lead to a tendency to play at the table later.

Does regularity help the infant to adjust himself to his environment?

The baby learns to expect a certain order of things and regularity of daily schedule will help him to adjust himself to his environment. If he is a happy, good baby his presence in the home will be a source of joy and pleasure rather than some one who demands too much of everyones time.

Does the baby need water to drink?

The baby needs not only food but water also, a small amount should be offered frequently when he is awake. It should not be given too close to the time of his feeding or the stomach will be full of water and not have room for the necessary food.



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How is the water prepared?

The water should be boiled five minutes and cooled, then poured into covered containers - bottles if possible, which have also been boiled. It should be slightly warm when given to baby. The water may be given from a bottle, or a spoon and cup that have been boiled. This is done because young babies are very susceptible to infections and every precaution should be taken to keep them free from any exposure to germs. Diluted orange and tomato juices may be given in the same way.

When is it necessary to give the baby a formula?

The mother may for some reason have no milk, or not enough, or the milk may be of a very poor quality. So it may be necessary to give some additional food to the regular feeding, or sometimes provide the entire feeding by a formula.

Who should prescribe the formula if it is necessary?

The physician should always be consulted in regard to what artificial feeding is required and how much is best for the baby. What agrees with one baby may not agree with another. A mother should never take the advice of anyone but the doctor. If fresh milk is ordered by the doctor the mother should always purchase the best milk available.

When should the formula be prepared?

The formula should be prepared as soon as the milk is delivered, or bought from the store if fresh milk is to be used.

What equipment is needed for the preparation of the formula?

**Bottles**

- 1 for each feeding
- 1 with ounce graduations marked

**Nipples**

- 1 for each bottle

Pitcher or bowl for mixing formula ingredients

Funnel

Can opener

Bottle brush

String

Squares of brown paper or paper caps

5 quart oil can

Platform made of the top of an oil can

Plate to cover oil can

Spoon

1 jar for holding soiled nipples  
formula ingredients.

What are the directions for making the formula?

1. Wash hands with soap and water paying especial attention to finger nails. Cover dress with a clean apron.



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Wash all equipment in clean soapy water.  
Use the bottle brush for bottles.  
Turn nipples and scrub thoroughly.  
Wash top of milk can if evaporated milk is used.  
Be sure the oil can has been thoroughly cleaned  
with soap and boiling water and all traces of  
oil have been removed.

2. Referring to physicians written formula;  
Measure the exact amount of unboiled water and  
pour into the pitcher or bowl.  
Measure the exact amount of milk and pour into  
the pitcher or bowl.  
Measure the exact amount of sweetening and add to  
water and milk.  
Mix well with a spoon  
Pour into each bottle the amount of formula that  
the baby usually takes for each feeding.  
An extra bottle of formula or from one-half to one  
ounce of milk may be added to the amount in each  
bottle prepared to meet an unexpected demand of  
the infant as the physician recommends.
3. Cover each bottle with a nipple.
4. Cover each nipple well down over the bottle neck  
with a large square of brown paper or a cap,  
then fasten the paper on bottle with a string.
5. Place the platform in the bottom of the oil can,  
then place the bottles of formula on the plat-  
form.
6. Fill the oil can with water to the level of the  
milk in the bottles, and cover the can with a  
plate or lid.
7. Put the oil can over fire to heat; when the water  
starts to boil, boil 30 minutes by the clock.  
Take oil can and contents off the stove. Keep  
the can covered and set aside in a convenient  
place.
8. When the baby is ready for the feeding, take one  
bottle out of the oil can and warm formula.  
Remove the paper cap and feed the baby. After  
the baby has taken all he wants, discard the  
left-over formula, rinse bottle and set aside.  
Rinse nipple and put in jar for used nipples.



6.

Should the baby be held while giving the formula?

The baby should be held while nursing from the bottle as well as from the breast. He should be placed in the same position as for nursing from the breast. The bottle should be held so that the nipple is always filled with milk and not air. The baby should learn to empty the bottle in ten to twenty minutes. If the bottle is not empty within twenty minutes it should be removed, provided the holes are large enough for the milk to come through well. If the baby takes the milk in less than ten minutes a nipple with smaller holes should be provided. The bottle or nipple should never be left in the baby's mouth.

What is meant by weaning?

Weaning means the end of the nursing period. Every baby must go through this period and he should complete it by the time he is a year old. Sucking is necessary for the young baby, but if continued during the second year it may tend to prevent the formation of other good habits which are necessary for the development of the child. Weaning should be a natural and easy process, a gradual substitution of food for the breast. A bottle should not be used from the beginning to give water and a few weeks later to give orange or tomato juice. As soon as the baby is old enough a cup should be used in place of a spoon, this will make it easier to wean the baby.

When should weaning be started?

When the baby is about six months old weaning may be started by substituting for one breast feeding a feeding of milk given from a cup. The next month the cup of milk may be substituted for a second feeding. If this plan is continued by the time the baby is one year old he will be entirely weaned from the breast.

When may solid foods be given?

Cereals and vegetables are generally started from the third to the fifth month. Only one new food should be given at a time and it should be given for a week or two before another new food is added. The baby is used to a mild taste so he should have only mild flavored foods until he is older. He has been having only liquids so the texture of the foods should be watched. It is best to strain the vegetables for the first few months, then begin with mashed vegetables.

Why do children have likes and dislikes?

Children are not born with likes or dislikes, they learn to like or dislike foods. When they refuse a new food it does not mean a dislike but rather a strangeness for the food. If a small amount of the same food is given again in a few days the child will usually take it.



## 7.

Does regular eating habits help the appetite?

If the child is not fed regularly he becomes irritable and cross before he starts to eat. This tends to form a habit of eating between meals, which spoils the appetite for the next meal.

How should the mother manage the child who refuses food?

The mother should place before the child the foods that are necessary for his growth and development. They should be varied and served in an appetizing way. The mother should believe that the child will eat his meal unless he is sick or worried about something, and then he should not be forced, bagged or offered some sweets, etc. instead of his regular meal. If he is sick the doctor should be seen, the bowels should be watched, he should have plenty of water and left to rest. Fussing about or humoring a child's appetite only helps to give the child an opportunity to get attention and will only lead to more troubles.

How can children be taught nice table manners?

The child will behave at the table in the same manner when visitors are present as when there is only the family present. So the table manners which the parents would like to see in their children when visitors are in or when they are taken out must be established in their daily eating. The child should be taught acceptable table manners early in life so that they become a natural part of him. This learning comes best through proper example.

Does feeding himself help the child's independence?

As soon as a baby is able to hold a spoon he should gradually be taught to feed himself. This is a slow process which requires patience on the part of the parents but the child has a right to this lesson of independence. The child should have the right equipment, a small straight handled spoon, a shallow bowl and a small cup from which to drink are necessary. Chopsticks may be used by the child of two or three years.

For a reminder the mother may use an outline as follows:

- a. Introduction of new foods
  1. Begin early
  2. Serve a small portion
  3. Watch the temperature of foods
  4. Serve new food first, then well liked ones
  5. Delay foods with strong flavor
  6. Watch the texture
  7. Select a time that is quiet and calm
- b. Feeding self
  1. Allow freedom to help himself in feeding
  2. Forget the mess he makes
  3. Provide the right kind of equipment
- c. Teaching good table manners
  1. To use utensils instead of fingers
  2. To ask for food and not grab it.



## LESSON VIII

SUBJECT: The Baby's Bath

AIM To make bathing the baby a happy occasion  
To teach the mother an easy and safe way to bathe, dress,  
and handle the baby.

VISUAL AIDS: Poster: Baby's bath

Equipment for bath:

Pad on which to lay baby  
Baby's tray containing:

Three covered glass jars for cotton, swabs and nipples  
Two flat dishes for oil and soap  
Bottle of some type mild oil  
Cake of mild soap  
One nursing bottle for water  
Bottle for boiled water

One cup and two spoons for orange juice and cod-liver oil  
Wash basin or small tub  
Wash cloth and towel  
Paper bag for waste  
Extra pitcher of hot water  
Newspaper for soiled clothes  
Clean clothing

SUBJECT MATTER:

Questions

Answers and Discussions

Why is the baby bathed?

The baby is bathed to keep the skin in good condition, to equalize the body temperature and to soothe and rest the baby.

When is the best time for bathing the baby?

A regular time should be set aside for bathing the baby. Just before the second morning feeding is usually a very convenient time. On very hot days he will enjoy at least two baths. During the coldest weather a bath every other day may be sufficient. Generally speaking the baby should be bathed every day.

Why is the baby bathed before his feeding?

The baby should not be handled after his feeding because too much handling may cause him to vomit. He should always be put to bed soon after he is fed.



## 2.

What things should be considered when giving the baby's bath?

The place for giving the bath should be light but free from a draft. If the weather is cold some provision for heat should be made while the baby is having the bath. Everything should be assembled ready for the bath before bringing the baby to the area.

Why should the mother's hands be washed before touching the baby's things and before bathing him?

The young baby is very susceptible to any infection so everything that comes in contact with him should be clean.

How can the baby's bath pad be made?

This can be made from a towel, baby's blanket or pad. It should be covered with a small piece of rubber sheeting or newspaper and then covered with a towel or piece of clean cloth. A towel or thin blanket can be used as a cover for baby during bath time.

What should the temperature of the water be?

The temperature of the water should be between 37.6 and 40. If the mother has no thermometer she can test the water with her elbow. If hot water is added to the bath the baby should be taken out of the tub before it is poured in.

How full should the tub be?

The tub should be about one-fourth or one-third full of water. This prevents the baby from being afraid or from being immersed if he should slip from his mother's hands.

Why should every thing be ready before bringing the baby to the area prepared for the bath?

The baby should not be chilled, tired, irritated or frightened. The bath should be a happy occasion. It should be given quickly, comfortably and with as little turning and handling of the baby as possible.

Why is the period just before the bath a good time to give the cod-liver oil?

The baby is undressed and his clothing will not become soiled or smell of cod-liver oil.

What is the procedure for giving the bath?

Place baby on pad, remove blanket and outer clothing and put on paper. Leave shirt and diaper on temporarily - prevent chilling the baby and having him soil bath equipment. Tell students or patient bath time gives the mother an opportunity to observe the condition of the baby's skin, eyes, etc., report to doctor as necessary.

Keep hand on baby - squirms much - safety.



3

Cover baby with top towel.

Clean nostrils, if necessary - small cotton swab.

Test temperature of water, add hot water as necessary.

Wash face and ears - wet washcloth - no soap - palm cloth - wash eyes from nose toward ear, forehead, nose and cheeks, S motion around mouth and chin - comfortable, ears - may use soap.

Dry - same order - gently. Wrap section of towel around your hand - avoid dragging towel or covering baby's face - prevent frightening and discomfort.

Wash head - wet and soap your hands, soap baby's head with gentle rotary motion - comfort and effectiveness in cleansing. Brown scale ("cradle cap") on top of head may be prevented by daily thorough washing. If scaling occurs in excess, consult doctor.

Rinse head - Hold over tub, "foot bath" hold. Rinse with other hand. Place baby back between towels.

Dry - same rotary motion, use bottom towel - ease.

Remove diaper - hold ankles with finger between ankles - security and comfort - and lift buttocks. Place pins in safe place - always closed. If diapers is soiled with bowel movement, place on paper so soil can be removed before placing diaper in pail.

Care of buttocks - If buttocks are soiled with bowel movement, may cleanse with oil on a wipe - keeps skin soft and in good condition - this should be done also when soiled at other times during the day.

Remove shirt - over feet - prevent dragging over face - annoying to baby and may resoil face from dirty shirt. Place shirt with other soiled clothes. May keep baby covered with top towel as much as possible - prevent chilling. Test temperature of water, add hot water if necessary.

Wash body - wet and soap your hands, beginning at chest and arms, soap baby's entire body.

Rinse - support baby by "body-arm" hold.

Support head and shoulders - grasp his opposite arm from back - firm grip.



Support buttocks with your other arm.

Slide into rinse water, slowly - prevent frightening.

Rinse front with wash cloth - all creases.

Rinse back - grasp baby's same arm from front, let baby rest forward against your arm.

Allow baby to play in water for a few minutes, if desired.

Dry - return baby between towels - pat - absorb - surplus water, dry well but gently in all creases.

Wash genitals - may use pieces of moistened (oil or water) cotton (or washcloths).

Girl - separate labia, cleanse downward once on one side - remove whitish secretion - dead skin and oil.

Boy - push back foreskin gently and cleanse off secretions with moistened cotton, replace foreskin - if foreskin is tight, consult doctor about care.

May use powder or oil - sparingly - on mother's hands so no excess - as desired or recommended by physician.

Dress baby - put on shirt carefully - avoid face - annoying. Slip your fingers through shirt sleeve, grasp baby's hand - prevent injury to fingers - and draw arm through sleeve.

Explain and show difference in method of applying diaper for boy and girl babies (for girl - thickest part underneath; for boy - thickest part on top); any extra fold may be outside - less bulk inside. Slip your fingers between diaper and baby while pinning prevent injury, pin snugly.

May put on gown or other wrapper if desired.

Care of nails - Baby's nails grow rapidly. Hold hand on foot steady cleanse with toothpicks, and clip off excess nail, may do this while baby sleeps - prevent injury.

Wrap in blanket - arrange blanket - diamond shape - security. Place baby - head at top point (size of baby and size of blanket determine amount of protection)

Lock blanket

- from one side, loosely
- feet
- from other side



5.

Lay him in safe place until bed is made (example - out of draft on tatami). Explain - that it may be appropriate to nurse baby following the bath. Replace in crib - support to bed. Remove blanket - comfort and safety.

Suggest - the baby usually may be bathed in family tub at 6 months if the mother wishes. Since this will be a new experience for the baby, it must be made a pleasant experience. May place towel or diaper in bottom of tub - less danger of slipping.

Care for supplies and equipment and tidy the room.

- Red Cross, "Mother and Baby Care".

The important points to remember regarding the baby's bath are:

1. The hands should always be washed before touching anything that belongs to the baby and before handling the baby.
2. Everything should be ready before bringing the baby in for his bath.
3. The bath water should be the right temperature, and some heat in the room in winter.
4. The baby should be bathed with the least possible exposure.
5. The baby's bath should be a happy occasion.



## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Infant and Preschool Hygiene

## I. Infant Hygiene (Birth to 1 year)

## A. The health infant

## 1. Growth and development

## a. Physical development

## (1) Before birth

- (a) Heart
- (b) Lungs
- (c) Digestive tract
- (d) Muscles

## (2) After birth

- (a) Heart
- (b) Lungs
- (c) Urinary tract
- (d) Bony structure
- (e) Muscular development and control
- (f) Posture
- (g) Shape and proportion
- (h) Weight and height
- (i) Speech
- (j) Teeth

## (3) Feeding

- (a) Ability to nurse
- (b) Ability to swallow and digest solid food
- (c) Stomach capacity

## (4) Foods which contribute to growth and development

- (a) Proteins, fats and carbohydrates
- (b) Minerals
- (c) Vitamins

## b. Sensory development

- (1) Sight
- (2) Hearing
- (3) Taste
- (4) Smelling
- (5) Feeling

## c. Emotional development

- (1) Fear
  - (a) Noise
  - (b) Falling

- (2) Love
- (3) Anger
- (4) Pleasure

## d. Social development (totally lacking at birth)

- (1) First response (smile)
- (2) Later attempts to gain attention and approval

## e. Habit development (begins at birth)

- (1) Feeding -- interval
- (2) Sleep
  - (a) Amount
  - (b) Preparation for sleep
  - (c) Proper place



- (3) Cleanliness
    - (4) Exercise
    - (5) Play
    - (6) Elimination
    - (7) Crying
  2. The importance of routine health supervision and
    - a. To give diet advice for proper growth and development
    - b. To detect abnormalities in growth and development
    - c. Immunization
  3. The premature Infant
    - a. Definition
    - b. Development
    - c. Prognosis
    - d. Special care necessary
      - (1) Maintaining body temperature
      - (2) Careful feeding
        - (a) Method
        - (b) Type
      - (3) Minimum of handling
      - (4) Susceptibility to infection
- B. The sick child (Illnesses common to Infants)
  1. Digestive disturbances
    - a. Cause
    - b. Manifestations
    - c. Prevention and treatment
  2. Vitamin deficiencies
  3. Anemia
  4. Respiratory infections
  5. Tuberculosis
  6. Syphilis
  7. Childhood C.D. (Brief mention of C.D. especially common in infants -- diphtheria, measles, whooping cough and their sequelae)
  8. Accidents occurring among infants

## II. Preschool child (1 yr to 6 years)

- A. Growth and development
  1. Physical
  2. Emotional
  3. Mental
  4. Social
  5. Habit
  6. Character
- B. Correction of defects
- C. Accidents



## OUTLINE OF NURSE'S LECTURES

SUBJECT: Infant and Preschool Hygiene

- I. Activities of the public health nurse
  - A. Case finding
    1. Through referrals from midwives and physicians
    2. Through routine work
  - B. Case holding
  - C. Nursing care
    1. To teach mothers general care
    2. Nursing care of the sick child
  - D. Education
    1. Interpreting doctor's recommendations
    2. General care
    3. Factors which contribute to proper growth and development
    4. Prevention of disease
  - E. Assists in securing complete registration of births
  - F. Assists in child welfare clinics
  
- II. General care of the infant
  - A. Daily schedule
    1. Feeding
    2. Sleeping
    3. Bath
  - B. Cleanliness
    1. Bath
      - a. Eyes
      - b. Nose
      - c. Mouth
      - d. Face
      - e. Ears
      - f. Hair
      - g. Body
      - h. Umbilicus
      - i. Genitalia
    2. care at time of diaper change
    3. Care of clothing
  - C. Infant feeding
    1. Breast feeding
      - a. Value
      - b. Stimulating breast milk
    2. Preparation of formula
    3. Handling of infant at feeding time
      - a. Breast feeding
      - b. Bottle feeding



- c. Semi-solid food
- d. Burping
- e. Minimum of handling after feeding

- D. Clothing
- E. Sunbath
- F. Sleeping conditions
  - 1. Noise
  - 2. Comfort

### III. Care of the Premature

- A. Maintaining body temperature
- B. Feeding -- codliver oil, iron, vitamins
- C. Clothing
- D. Care of skin
- E. Handling
- F. Weight gain

### IV. Health inspection of the infant

- A. Inquire and advise regarding:
  - 1. Feeding
    - a. Breast or formula
    - b. Food
    - c. Interval
    - d. Water between feedings
    - e. Codliver oil
  - 2. Habit training
    - a. Eating
    - b. Sleeping
    - c. Control of bladder
    - d. Control of bowels
  - 3. Daily bath
  - 4. Sunbath
  - 5. Immunization
  - 6. Intestinal disturbance
- B. Inspect and advise
  - 1. Eyes
  - 2. Ears
  - 3. Nose and throat
  - 4. Fontanelle
  - 5. Skin and scalp
  - 6. Umbilicus
  - 7. Weight gain
  - 8. Teeth
  - 9. Abnormalities



- C. Notes:  
1. General development  
2. Color

V. Preschool hygiene

- A. General care and development of the preschool
1. Daily schedule
    - a. Eating
    - b. Sleeping
    - c. Bath
  2. Toilet training
  3. Food habits (Learning to eat)
  4. Clothing
  5. Sleeping conditions
  6. Learning cleanliness
    - a. Bathing
    - b. Teeth
    - c. Hands
    - d. Clothing
  7. Discipline
    - a. Purpose -- To encourage the development of desirable behavior patterns
    - b. Types of discipline
      - (1) Positive
        - (a) Diverting child from bad behavior to good
        - (b) Expectation of good behavior
        - (c) Developing a recognition of right and wrong
      - (2) Negative -- punishment (sometimes necessary)
  8. Play
    - a. Environment
      - (1) Safety
      - (2) Clean
    - b. Development through play
      - (1) Physical
        - (a) Muscle coordination
        - (b) Exercise
      - (2) Mental -- learning
      - (3) Social
        - (a) Self dependence
        - (b) Learning to play with others
        - (c) Group relationships
        - (d) Respect for possessions (his own and others)
- B. Health inspection of the preschool
1. Inquire and advise regarding
    - a. Food and appetite
    - b. Habit training
      - (1) Eating
      - (2) Sleeping
      - (3) Control of bladder
      - (4) Control of bowels
    - c. Bathing
    - d. Outdoor play
    - e. Immunization disturbance
    - f. Intestinal disturbance



2. Notice and advise
  - a. Eyes
  - b. Ears
  - c. Nose & Throat
  - d. Skin
  - e. Teeth
  - f. Development
  - g. Color



## OUTLINE OF NURSE'S LECTURES

SUBJECT: School Hygiene

Objective: To cultivate in the public health nurse the ability to function effectively in relation to the school child's health. It is done with the following goals.

1. Maintenance and promotion of health and welfare of every school child. This includes giving the school child the ability to recognize and take the responsibility of his own health.
2. Restore sick child to health  
To decrease the school child's morbidity and mortality rates and defects.

Indirect objective:

1. To have the public health nurse understand the functions of the schools in the community and give her ability to become an important part of the educational program.

- I. History of school hygiene (World, Japan)
- II. Requirements of a good school program
  - A. Health education  
Responsible people: Principal, teachers, nurse, doctor, dentist, health coordinator
  - B. Health service  
Responsible people: Same as above
  - C. Healthful environment  
All in school are responsible (Including the students)
- III. Health Education (especially emphasize the nurse's functions)
  - A. What is it?  
(It's not just formal classroom teaching)
    1. Purpose
      - a. Promotion of child development and health
      - b. Endeavor for child welfare through healthful living
        - (1) Health habits
        - (2) Prevention of communicable diseases
        - (3) Other health knowledge
    2. Health teaching methods
      - a. Formal
      - b. Incidental
  - B. Whose is the teaching responsibility?
    1. Teachers
    2. Nurse
    3. Doctor
    4. Principal
    5. Health coordinator



- C. Curriculum planning  
(How should it be woven into other subjects? -- Nurse's participation)
- IV. Health service (especially emphasize the nurse's function)
- A. If good health service is to be done, it must be health education
  - B. Physical examination (Not meaning treatment)
    - 1. Purpose
    - 2. Regulations
    - 3. Public health nurse's duties
  - C. Dental examination (Not meaning treatment)
    - 1. Purpose
    - 2. Regulations
    - 3. Public health nurse's duties
  - D. Physical inspection
    - 1. Communicable disease control
      - a. Daily inspection
      - b. Special communicable disease inspection
    - 2. Follow-up on correction of defects
    - 3. Dental inspection
    - 4. Vision and hearing inspection
    - 5. Measurements of weight and height
  - E. Immunizations
  - F. First aid (Not meaning treatment)
  - G. School lunch supervision
    - 1. Purpose
    - 2. Cooks
    - 3. Kitchen facilities
  - H. Home visiting
  - I. Conferences
    - 1. Student
    - 2. Parents (Guardian) (Individual, group)
    - 3. Teachers (Individual, group)
  - J. Consideration of the handicapped
- V. Healthful environment (with emphasis on nurse's functions)
- A. Good healthful environment is good health teaching
  - B. Cleanliness and orderliness of school grounds
  - C. Cleanliness and orderliness of school building



- D. Seating
  - 1. Consideration of spacing
  - 2. Diseases and seating arrangement
    - a. Nearsightedness, weak vision
    - b. Partial deafness
    - c. Others
  - 3. Correct posture (height of desk and seat)
- E. Lunchroom
  - 1. Size
  - 2. Place
  - 3. Cleanliness
- F. Drinking water facilities
- G. Toilets
  - 1. Distance from school buildings
  - 2. Facilities (handwashing, flush toilets)
  - 3. Cleanliness
  - 4. No. of toilets (Separate male and female toilets)
- H. Leighting and ventilation

#### VI. Functions of the public health nurse in the school health program

- A. School hygiens teaching outline (Introduction)
  - 1. Endeavor for development of health service
  - 2. Explanation of results of and advice on phhsical examination
  - 3. Communicable disease provention (Immunization, isolation)
  - 4. Utilization of health facilities
    - a. Health center
    - b. Hospitals
    - c. Other near-by health facilities
  - 5. Correction of physical defects
  - 6. Planning
    - a. Education of handicapped school child
    - b. Preventive program
  - 7. First aid according to doctor's orders
  - 8. Cooperation with other health activities (social and home)
  - 9. Maintainance of healthful school environment
    - a. General hygiene
    - b. Heating
    - c. Seating
    - d. Lighting
    - e. Ventilation
    - f. School grounds
    - g. Lunchroom
    - h. School building
- B. Hygiene room and necessary equipment  
Bed, basin, measurment equipment (scales, measuring red), medicine cupboard, waste container, posters, vision test chart, visiting bag, full lenght mirror, thermometer, bandage material necessary for first aid, desk chairs, running water



VII. Qualifications of school nurse

VIII. Organizations concerned with school hygiene

A. Health organizations (school doctor, principal, dentist, nurse, pharmacist)

B. P.T.A.

C. General groups

IX. Reference material

N.O.P.H.N. Manual, Guide to Secondary Schools, Guide to Elementary Schools, Yokota "Public Health Series -- School Hygiene"



## OUTLINE OF DOCTOR'S LECTURE

## SUBJECT: Nutrition

- I. Object of Instruction -- To give the nurse the ability to perform her functions in relation to nutrition in order to:
  - A. Promote optimum nutrition for all member of the community
  - B. Prevent and correct conditions caused or aggravated by nutritional deficiencies
- II. Definition of nutrition: The process of taking food into the body to maintain life and to nourish tissue.
- III. Influence of nutrition on the health of the public
  - A. Influence on individuals
    1. Energy
      - a. More productive
      - b. Higher standard of living
    2. Resistance -- less illness
      - a. Longer, happier life
      - b. Cost of illness
      - c. Resulting social problems for loss of livelihood
    3. Mental stability
      - a. More happiness
      - b. Fewer social problems
  - B. Influence on national economy
    1. Energy -- more productive
    2. Resistance -- less illness
    3. a. Loss of productive capacity
    - b. Cost of illness
    3. Mental stability
      - a. Fewer social and mental problems
      - b. More efficiency
- IV. Nutritional problems
  - A. Shortage of food
  - B. Low purchasing power (lack of money)
  - C. Lack of knowledge concerning basic principles of normal food requirements and foreign foods
  - D. Failure to understand the great importance of proper nutrition upon proper growth and development
  - E. Failure to recognize nutritional deficiencies when they occur
  - F. Poor food habits



## V. Solving the problems

- A. Shortage
  - 1. Fair distribution (Each individual has moral responsibility of buying in legal channels)
  - 2. Proper handling to prevent spoilage and waste
  - 3. Proper preparation of imported foods
  - 4. Population control
- B. Purchasing power
  - 1. Stabilization of national economy by increased production and efficiency (less waste)
  - 2. Control of black market
- C. Correction of deficiencies (Responsibility of physician, dentists, nutritionists and nurses; private & HC)
  - 1. Provision for special requirements of maternity cases and infants.
  - 2. Improved infant feeding
  - 3. Instruction to individuals
    - a. Parents -- concerning food requirements of the family, especially the children and correction of improper food habits
    - b. Patients who need special diet instruction such as allergies, diabets, diet deficiencies and etc.
- D. Promotion of normal nutrition (Responsibility of Health Dept.)
  - 1. School nutritional projects
  - 2. Instruction through newspapers, magazines, posters and radio
  - 3. Group instruction to mothers
  - 4. Family budgeting instruction (medical social worker, health education section)
  - 5. Aid from social agencies when income is too low to provide adequate diet

## VI. Food groups and their elements

- A. Green, yellow vegetables -- Vit. A, C, iron, calcium, proteins
- B. Other vegetables and fruits -- Vit. C
- C. Soy bean and products, fish, egg, animal and bird meat -- Protein, fat, phosphorus, iron, Vit. B<sub>1</sub>, B<sub>2</sub>, nicotinic acid
- D. 7/10 grain rice, wheat, potatoes, sweet potatoes -- Carbohydrates, Vit. B<sub>1</sub>, B<sub>2</sub>, C and A
- E. Fish with bones, milk, milk products and seaweed -- Calcium, Vit. B<sub>2</sub>, Am protein
- F. Dried mushroom, cod liver oil -- Vit. A and D, fat



**VII. Requirements of various groups**

- A. Pregnant and lactating women
- B. Infants
- C. Preschool children
- D. School children
- E. Adolescents
- F. Adults -- defferent degrees of activity
- G. Elderly individuals

**VIII. Diseases due to diet deficiencies**

- A. Beriberi
- B. Night blindness
- C. Scurvy
- D. Hemophilia
- E. Others

**IX. Illnesses caused by certain foods**

- A. Poisonous chemical substances present in some foods
- B. Pathogenic organisms in food
- C. Allergic conditions

**X. Diets for special conditions**

- A. High iron diet
- B. High protein
- C. High caloric
- D. High vitamin
- E. Diet in constipation
- F. Control of weight
  - 1. For those who are underweight
  - 2. For those who are overweight
- G. Regaining strength
- H. Tuberculosis
- I. Diabetes



- J. Special diets
  - 1. Liquid
  - 2. Soft
  - 3. Light

XI. Preparation of food

- A. For infants
  - 1. Cereal
  - 2. Fruit juice
  - 3. Vegetables
  - 4. Egg
  - 5. Meat and fish

B. Imported foods

cookery by pamphlets, printed matter



## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Venereal Diseases

- I. History of venereal diseases
  - A. Morbidity rate through history (statistical)
  - B. First theory on cause and treatment
  - C. Discovery of causative organism
  - D. First institutional care
  - E. Development of aids in diagnosis and treatment
- II. Knowledge of venereal disease
  - A. Syphilis
    1. Causative organism
    2. Mode of transmission
    3. Symptoms (Including clinical course)
    4. Classifications of syphilis
    5. Nature of infectiousness
    6. Complications
    7. Diagnostic methods
      - a. Careful history taking
      - b. Complete medical examination
        - (1) Physical examination
        - (2) Laboratory tests
    8. Treatment
      - a. Chemotherapy
      - b. Reactions to treatment
  - B. Gonorrhea
    1. Causative organism
    2. Mode of transmission
    3. Symptoms (Including clinical course)
    4. Classifications of gonorrhea
    5. Nature of infectiousness
    6. Complications
    7. Diagnostic methods
      - a. Careful history taking
      - b. Complete medical examination
        - (1) Physical examination
        - (2) Laboratory tests
    8. Treatment
      - a. Chemotherapy
      - b. Surgical treatment
      - c. Reactions to treatment
  - C. Chancroid
  - D. Granuloma inguinale Same as A. Syphilis
  - E. Lymphogranuloma venereum



## III. Legislation on Venereal diseases

## OUTLINE OF NURSE'S LECTURES

SUBJECT: Venereal Diseases

## I. Functions of the health center in the V.D. control program

- A. Venereal diseases are a community problem (social problem)
  - 1. A communicable disease
  - 2. Social factors that influence venereal diseases
    - a. Public's understanding
    - b. Treatment facilities
    - c. Treatment fees
  - 3. Venereal diseases can be prevented
- B. Functions of the health center
  - 1. Finding of patients (case finding)
    - a. Examination
      - (1) Physical examination (Individual, group)
      - (2) Pathological examination
    - b. Investigation of contacts
      - (1) Interview with patient
      - (2) Physical examination (Individual, group)
      - (3) Home visit
    - c. Community laboratory facilities.  
Get recognition of utilizing V.D. dispensaries and hospitals
  - 2. Treatment of patient
    - a. Health center
      - (1) Treatment by health center
      - (2) Treatment in connection with the V.D. clinics
    - b. V.D. clinic  
Treatment in connection with health center
  - 3. Education
    - a. Patient (Sex education & nursing, prevention); through continuous treatment
    - b. Education to general public (Sex education and V.D. prevention)

## II. Public health nurse's functions in the V.D. control program

- A. Assistance in the clinic
  - 1. Care of equipment
  - 2. Preparation of drugs
  - 3. Assisting doctor (treatment room)
  - 4. Assisting doctor (examination room)
  - 5. Handling of laboratory specimens
- B. Case holding (patient holding)
  - 1. Interview each diagnosed patient and explain the necessity of continuous, complete treatment
  - 2. Immediate follow-up of patients who have neglected treatment
  - 3. Endeavor to have a pleasant clinic atmosphere and thus encourage him to wish to come for treatment



- D. War
- 1. Veterans and repatriates
- 2. Inflation
- 3. Prostitutes
- 4. Conception



## OUTLINE OF DOCTOR'S LECTURE

SUBJECT: Communicable Diseases

- I. Purpose of Instruction
- II. History
- III. Knowledge of Communicable Diseases
  - A. The infections process
    1. Definition of infection -- The presence of an organism capable of causing disease and under favorable conditions of causing illness.
    2. Definition of disease -- The interaction between the organisms and the body that is infected
    3. Infection and resistance
      - a. Infection
        - (1) Type of organism
        - (2) Quantity
        - (3) Virulence
        - (4) Capacity for multiplication
        - (5) Capacity for invasion
      - b. Resistance
        - (1) Specific antibodies
        - (2) Non-specific factors which protect body from invasion by disease-producing organisms
    4. Infective agents
      - a. Bacteria
      - b. Protozoa
      - c. Parasitic molds
      - d. Worms
      - e. Spirochetes
      - f. Filterable virus
    5. Sources of infection
      - a. Man
        - (1) Recognized case
        - (2) Unrecognized case
        - (3) Atypical case
        - (4) Latent case
        - (5) Carrier
      - b. Animals
    6. Portal of entry
      - a. Alimentary canal
      - b. Respiratory tract
      - c. Skin
      - d. Genitourinary tract
      - e. Placenta (before birth)
    7. Means of disease production
      - a. Toxins
        - (1) Exotoxins
        - (2) Endotoxins
      - b. Bacteria split proteins
    8. Body reaction to infective agent
      - a. Fever
      - b. Blood count
      - c. Production of antibodies



9. Incubation period
  10. Portal of exit
    - a. Respiratory tract
    - b. Intestinal tract
    - c. Discharge of wounds
    - d. Urinary tract
    - e. Mechanical escape
      - (1) Insect bites
      - (2) Transfer of blood by hypodermic syringe or transfusion
  11. Mode of transmission
    - a. Direct
      - (1) Person to person
      - (2) Droplet infection
    - b. Indirect
      - (1) Insects
      - (2) Water
      - (3) Milk
      - (4) Food
      - (5) Eomites
      - (6) Soil
  12. Period of communicability (Varies with each disease)
  13. Immunity
    - a. Natural
    - b. Acquired
      - (1) Active
      - (2) Passive
- IV. Vaccines, Immune sera
- A. Vaccines
    1. Definition
    2. Preparation
    3. Use
  - B. Immune sera
    1. Definition
    2. Preparation
    3. Uses
  - C. Serum reactions
  - D. Supervision of biologic products
- V. Medical asepsis
- A. Requirements for life and growth of organisms
  - B. Destruction of organisms
    1. Soap and water
    2. Heat
      - a. Degree
      - b. Time
    3. Fire
    4. Chemicals
      - a. Strength
      - b. Time
    5. Sunlight
    6. Drying



## VI. Diseases

- A. Diseases spread by discharges of nose and throat
  - 1. Measles
  - 2. Chickenpox
  - 3. Smallpox
  - 4. Scarlet fever
  - 5. Diphtheria
  - 6. Vicent's infection
  - 7. Whooping cough
  - 8. Mumps
  - 9. Epidemic meningitis
  - 10. Poliomyelitis
  - 11. Common cold
  - 12. Influenza
  - 13. Pneumonia
- B. Spread by discharges of skin and mucous membrane
  - 1. Impetigo
  - 2. Scabies
  - 3. Ringworm
  - 4. Trachoma
  - 5. Leprosy
- C. Spread by discharges of gastrointestinal tract
  - 1. Amebic dysentery
  - 2. Bacillary dysentery
  - 3. Food poisoning
  - 4. Hookworm
  - 5. Typhoid
  - 6. Cholera
- D. Spread by infected insects
  - 1. Malaria
  - 2. Typhus
  - 3. Yellow fever
  - 4. Plague
- E. Resulting from infected wounds
  - 1. Tetanus
- F. Resulting from animal bites
  - 1. Rabies

## VII. Outline for each disease

- A. Symptoms and course
- B. Etiologic agent (describe)
- C. Source of infection
- D. Mode of transmission
- E. Incubation period
- F. Period of communicability
- G. Susceptibility and immunity
- H. General and specific treatment
- I. Prevalence
- J. Method of control
  - 1. Individual
  - 2. General
  - 3. Epidemic (if applicable)



## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Mental Hygiene

## I. Objective of Instruction

To give the public health nurse an understanding of the public health aspects of mental health and how she may apply the knowledge of human behavior in all of her contacts with individuals and families to promote their mental well-being and to prevent mental disorders, including psychosis, neurosis and mental defects.

## II. Mental disorders

## A. Feeble-mindedness

1. Classifications
  - a. Idiot
  - b. Imbecile
  - c. Moron
2. Intelligence quotient (Explain)
3. Etiology
  - a. Heredity
  - b. Birth injuries
4. Prevalence

## B. Psychosis

1. Classifications
  - a. Schizophrenia
  - b. Manic-depressive insanity
  - c. Senility and arteriosclerotic mental disorders
  - d. General paresis
  - e. Borderline psychosis
    - (1) Epilepsy
    - (2) Psychoneurosis
      - (a) Psychopathic personality
      - (b) Personality disorders in adults
      - (c) Behavior difficulties in children
    - (3) Alcoholism and drug addiction
2. Etiology
  - a. Heredity
  - b. Injury
  - c. Infections (Syphilitic, meningitis, etc.)
3. Prevalence

## C. Prevention of mental disorders

1. Heredity
2. Birth injuries
3. Infections
4. Alcoholism and drug addiction
5. General paresis
6. Nutritional deficiencies.



Note: The discussion of mental disorders should not take a great deal of time since the public health nurse will encounter more normal people who will have some degree of mental maladjustment and who will need assistance and sympathetic understanding. Teacher can recommend outside reading if students need further study.

### III. Mental hygiene

- A. Definition: "The science and art which aids the individual in securing a satisfactory mental and emotional adjustment to his environment." This definition refers to all of us. It may deal with individuals who actually have mental diseases — but it is more concerned with the potentially normal person.
- B. Mental hygiene during the maternity period
  1. Fears, superstitions and prejudices of the patient
  2. Family attitudes and adjustments
- C. Early childhood (greatest influence)
  1. Early feeding and handling of the infant as a basis for parent-child relationship
  2. Security in family relationship as the basis for the child's emotional development
    - a. Parents' preference for males
    - b. Rivalry in home or school
    - c. Rejection of the child by one or both parents
    - d. Quarreling, lack of affection
  3. Authority and discipline
    - a. Unnecessarily strict discipline
    - b. Lack of paternal guidance and discipline because of broken homes, illness or death of parents.
    - c. Overindulgence
    - d. Erratic discipline
  4. Early play life
    - a. Over protection and over solicitude
    - b. Independence, self-confidence
  5. Early sexual interests
  6. Individual abilities, interests and defects
- D. Adolescence
  1. Physical and emotional changes
    - a. Sexual guidance
    - b. Supervised recreation "
  2. Social changes
    - a. Growing independence of adolescent from family
    - b. career guidance
- E. Illness
  1. Its meaning to be individual
    - a. Fear and apprehension
    - b. Frustration
    - c. Escape
    - d. Career guidance



- d. Means to obtain attention and exercise control
- 2. Reactions based on age
  - a. Childhood
  - b. Adult
  - c. Old age
- 3. Reactions based on nature of illness
  - a. Long term
  - b. Terminal
  - c. Permanent disability
  - d. Short term illness
- 4. Family's attitude
- 5. Resistance to health teaching, nursing care and medical treatment

#### IV. Functions of the public health nurses

- A. Promotes mental health as an integral part of all public health nursing services
- B. Case finding (Recognition of mental hygiene problems)
- C. Refers cases which are beyond her limitations to
  - 1. Hospitals
  - 2. Clinics
- D. Reports to physician so that he will handle case wisely
  - 1. Manner of living
  - 2. Attitudes
  - 3. Behavior
- E. Aids patients who have physical defects to adjust to them
- F. Promotes the attitude that psychosis and neurosis are illnesses which need prompt scientific care
- G. Assists in development of community resources for treatment and rehabilitation of mentally defective



## OUTLINE OF NURSE'S LECTURES

SUBJECT: Industrial Hygiene

- I. Industrial hygiene, important to public health
  - A. Influence on individual's life
    1. Many health hazards due to occupation
    2. Worker spends 1/3 of each day working and 2/3 of life span are working years
    3. Social-economic problems are result of loss of earning power
  - B. Influence of community
    1. Loss of productive capacity
    2. Cost of resulting disability to community
    3. Disability fosters social problems
- II. Administration
  - A. Management
    1. Physician
      - a. Public health nurses
      - b. Sanitary inspector (if there is one)
  - B. Nurse responsible to
    1. Workers
    2. Management
- III. Functions of the public health nurse in the factory
  - A. First aid and nursing care
    1. Medical supervision
    2. Standing orders
  - B. Assisting with physical examinations
  - C. Advice to employees in securing:
    1. Correction of defects
    2. Social aid
  - D. Health education
    1. Individuals (home visits)
    2. Groups
    3. Management
  - E. Determining causes of accidents and ill health
  - F. Supervision and interpretation of sanitary environment
    1. Rest rooms
    2. Toilets



- 3. General factory environment
  - a. Temperature, humidity
  - b. Illumination
  - c. Ventilation
- 4. Dormitory
  - a. General hygiene
  - b. Nutrition
  
- G. Consulting with manager of lunchroom regarding:
  - 1. Nutrition
  - 2. Sanitation
  
- H. Record keeping -- to protect:
  - 1. Employee
  - 2. Employer

References: NOPHN Manual  
Mimeographed notes



## OUTLINE OF NURSE'S LECTURES

SUBJECT: Maternity Hygiene

## I. Relationships

## A. Midwives

1. Securing medical examinations
2. Division of responsibility between midwife and public health nurses
  - a. No duplication of service
  - b. No gaps in service

## B. Private physician

1. Treatment of medical problems
2. Guidance of medical problems

## C. Families (Educate prenatal in knowledge and maintain family cooperation)

1. Husband
2. Mother-in-law
3. Mother

## II. Activities of the public health nurse in maternity program

## A. Early case finding -- cooperating with midwife to get medical examination as early in pregnancy as possible.

## B. Assists in maternity clinic

1. History taking
2. Assists doctor with examination
3. Interview with patient after examination if necessary

## C. Instruction

1. Individuals and families
  - a. Clinic
  - b. Home -- if necessary
2. Groups
  - a. Patients
  - b. Fathers

## D. Home visiting

1. Purpose
  - a. For health inspection and instruction if there is no midwife
  - b. To follow up medical problems

## E. Nursing care

1. When no midwife
2. To teach family or attendant nursing care
3. To teach mother care of infant

## III. Public health nursing guidance in maternal hygiene



- A. Prenatal
  - 1. Health observation
    - a. TPR
    - b. Teeth and gums
    - c. Panger signals
      - (1) Headache
      - (2) Dizziness ~ blurring vision
      - (3) Edema
      - (4) Epigastric pain
      - (5) Nausea and vomiting if continuous
      - (6) Vaginal discharge or bleeding
    - d. Minor discomforts of pregnancy
      - (1) Nausea
      - (2) Constipation
      - (3) Frequency of urination
      - (4) Shortness of breath
      - (5) Varicose veins
      - (6) Hemorrhoids
      - (7) Edema
  - 2. General instructions
    - a. Diet
    - b. Sleep and rest
    - c. Exercise
    - d. Bathing
    - e. Breasts and nipples
    - f. Clothing
    - g. Sexual intercourse
    - h. Oral hygiene
    - i. Mental attitude
  - 3. Preparation for delivery
    - a. Supplies
      - (1) Delivery
      - (2) Infant
    - b. How labor starts and progresses through delivery
    - c. Care after delivery
      - (1) Nursing care
      - (2) Housekeeping
- B. Postpartum immediately after delivery
  - 1. Mother
    - a. Check bleeding
    - b. Binders
    - c. Rest
    - d. Diet
    - e. Urine
  - 2. Infant
    - a. Cord tie and dressing
    - b. Prophylactic care of eyes
    - c. First bath (skin care)
    - d. Inspection for defects (abnormalities)
    - e. Weight - height
    - f. Clothing
    - g. Position for rest
    - h. Bed



## C. Daily postpartum care

## 1. Mother

- (a) Diet
- (b) Rest
- (c) Bathing — general hygiene
- (d) Urine — bowel movements
- (e) Perineal care
- (f) Breast care
- (g) T.P.R.
- (h) Visitors
- (i) Sexual intercourse and bathing
- (j) Postpartum examination

## 2. Infant

- (a) Nursing
  - (1) First
  - (2) Subsequent
  - (3) Water (boiled)
- (b) Bathing
- (c) Cord dressing
- (d) Sleep
- (e) Urine and bowel movements
- (f) Temperature & Weight
- (g) Schedule
- (h) Clothing
  - (1) Amount
  - (2) Type
- (i) Diapers
  - (1) Material
  - (2) Changing
  - (3) Care of diapers
- (j) Breasts (enlarged)
- (k) Hair
- (l) Bed — cover
- (m) Visitors and handling
- (n) Birth registration
- (o) Regular health inspection



## OUTLINE OF DOCTOR'S LECTURES

## SUBJECT: Maternity Hygiene

Object of Instruction: To give the public health nurse ability to do her work effectively cooperating with the doctor and midwife concerning the maternity hygiene program.  
In other words:

1. To maintain life and health of each pregnant woman.
2. To grasp all opportunities for growth and development of the infant.
3. To restore mother to health after delivery

## I. Female anatomy and physiology

## A. Changes of female physiology

1. Adolescence (First menstruation, time, amount, etc.)
2. Maturity (Relationship of ovulation and menstration)
3. Menopause

## B. Marriage hygiene

1. Marriageable age as seen from medical view
2. Bloor relation marriage
3. Marriage and tuberculosis
4. Marriage and venereal disease

## C. Gynecological diseases

## II. On the eugenic Law (heredity)

## III. Pregnancy

## A. Mechanics of pregnancy

1. Implantation of the ovum
2. Symptoms of pregnancy
  - a. Physical changes
3. Development of the fetus
  - a. Every month
  - b. Length of pregnancy (Days)

## B. Diagnosis of pregnancy

1. Medical history taking -- as carefully as possible
  - a. End of menstration
  - b. Morning sickness
  - c. Past pregnancies
  - d. Abortions, prematures, stillbirths
  - e. Health condition of present children
  - f. Consciousness of fetal movement (time)
  - g. Health condition of mate
  - h. Other obstacles
2. Diagnosis



- a. Physical condition (varices, edema of lower extremities, etc.)
- b. Condition of breasts
- c. Abdomen (Measurements, observation, auscultation, palpation)
- 3. Other items to be in examination
  - a. X-ray
  - b. Urinalysis, stool examination
  - c. Blood pressure and temperature
  - d. Blood examination (Blood sedimentation, syphilis, blood count)
  - e. Pelvis measurements
  - f. Weight
  - g. Vaginal examination (Gonorrhea)

- C. Hygiene of pregnancy
  - 1. Mental hygiene
  - 2. Physical hygiene

- D. Pregnancy and its complication
  - 1. Toxemia
  - 2. Abortions, prematures, stillbirths
  - 3. Hemorrhages
  - 4. Venereal disease and pregnancy
  - 5. Tuberculosis and pregnancy
  - 6. Other complication diseases

#### IV. Delivery

- A. Preparation
  - 1. Delivery room and its preparation
  - 2. Preparation of the mother
    - a. Attendant
    - b. Necessary equipment for delivery
  - 3. Disinfection
  - 4. Preparation for the newborn
- B. Progress of delivery
  - 1. Symptoms of delivery
  - 2. Normal delivery progress
    - a. First period
    - b. Second period
    - c. Third period
  - 3. Abnormalities in the progress of delivery (Forcep delivery and episiotomy)
- C. Care after delivery
  - 1. Care of placenta delivery
  - 2. Prevention of hemorrhage and puerperal fever
  - 3. Prevention of other abnormalities

#### V. Postpartum

- A. Purpose of postpartum hygiene (nursing)  
Physiological changes, eg. breasts and uterus



1. Cleanliness and disinfection
2. Nutrition and nursing
3. Condition of uterus and perenium (birth canal)
4. Lochia
5. Perspiration
6. Bowel movement, temperature, pulse, urination
7. Disinfection
8. Physical and mental rest
9. Clothing and postpartum room
10. Postpartum examination
11. Others

B. Care in abnormal postpartum

Purpose: To lessen abnormalities in postpartum period by early detection and treatment.

1. Physical condition (Facial perspiration, pulse)
2. Severe hemorrhage
3. Abnormal condition of lochia and uterus
4. Breast abnormalities
5. Eclampsia
6. Puerperal fever
7. Embolism and phlebitis
8. Mental disorders
9. Others

C. Care of the newborn

1. Care immediately after birth
  - a. Care of eyes
  - b. Care of cord
  - c. Observation
2. Nursing during the postpartum period
  - a. Cleanliness
  - b. Maintenance of temperature
  - c. Nutrition
  - d. Other items to take care of.

VI. Maternity hygiene of industrial woman

- A. Influence of industry on the mother
- B. Protective policies of industrial maternity hygiene (medical ideal concept)



## OUTLINE OF NURSE'S LECTURES

SUBJECT: Communicable Disease Nursing

- I. Activities of the public health nurse in Communicable Disease Control
  - A. Case finding and reporting, securing medical examination and supervision
  - B. Assists in making epidemiological investigations
    1. To find source of infection
    2. To trace contacts
    3. To collect epidemiological data
  - C. Teaches nursing care and isolation
    1. To hasten recovery
    2. To prevent complications and sequelae
    3. To prevent spread
  - D. Assists in immunization programs
  - E. Health Education
    1. Individuals
      - a. Nursing care
      - b. Isolation
    2. Community
      - a. Hygiene as means of disease prevention
      - b. Value of immunization
      - c. Early recognition of symptoms
- II. General nursing care of communicable diseases
  - A. Preparation of the nurse
    1. Knowledge of communicable disease nursing
      - a. Medical nursing (adult)
      - b. Pediatric nursing
      - c. Mode of transmission
      - d. Medical asepsis
    2. Protective measures
      - a. Immunization
      - b. Physical condition
      - c. Personal hygiene
  - B. Care of the patient
    1. Isolation
      - a. Separate room
      - b. Handwashing
      - c. Gown
      - d. Concurrent disinfection
      - e. Terminal disinfection
    2. Bed rest
    3. General hygiene
- III. Communicable Diseases (Same as in Doctor's lectures)



IV. Specific nursing care of the communicable diseases

- A. Isolation
- B. Comfort of the patient
  - 1. Care of skin
  - 2. Care of eyes, nose and throat
  - 3. Elimination
- C. Diet
- D. Complications
- E. Convalescence
- F. Essential points to remember



## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Oral Hygiene

- I. Oral hygiene, a responsibility of the health center (and the public health nurse)
  - A. Oral hygiene influences general health
    1. Nutrition
    2. Foci of infection
      - a. Heart disease
      - b. Arthritis
      - c. Neuritis
  - B. Diseases of the mouth are preventable
    1. By proper care
    2. Early treatment
  - C. Prevalence
  - D. Education regarding oral hygiene needed as part of general health education
  - E. Cost of dental diseases
    1. To individual
      - a. Cost of care
      - b. Loss of earning power
    2. To community
      - a. Cost of care
      - b. Loss of productive capacity
  - F. Some diseases are communicable
- II. Functions, structure and development of teeth
  - A. Functions
    1. Mastication
    2. Forming of face
    3. Contour of face
  - B. Anatomical structure of teeth
  - C. Formation and growth
    1. Deciduous teeth
    2. Permanent teeth
- III. Abnormalities
  - A. Malocclusion
    1. Effect
      - a. Mastication
      - b. Cosmetic (psychological)
      - c. Possible decay
    2. Treatment



- B. Malalignment
    - 1. Effect
      - a. Mastication
      - b. Cosmetic
      - c. Possible decay
    - 2. Treatment
  - C. Cleft palate
    - 1. Effect
    - 2. Treatment
- IV. Dental diseases
- A. Dental caries
    - 1. Nature of disease (sugar)
    - 2. Diagnosis (recognition)
    - 3. Treatment (Flourine)
  - B. Focal infections
    - 1. Nature of infection
    - 2. Diagnosis
    - 3. Treatment
  - C. Gingivitis
    - 1. Nature of infection
    - 2. Diagnosis
    - 3. Treatment
  - D. Pyorrhea alveolaris
    - 1. Nature of infection
    - 2. Diagnosis
    - 3. Treatment
  - E. Vincent's angina
    - 1. Nature of infection
    - 2. Diagnosis
    - 3. Treatment
  - F. Others
- V. Nutrition as related to oral hygiene
- A. Foods that promote the development of sound teeth
    - 1. Minerals
    - 2. Vitamins
  - B. Nutrition if pregnancy
  - C. Nutrition in development of teeth in childhood
  - D. Local symptoms of diet deficiency



**VI. Cleanliness of the mouth as related to oral hygiene**

- A. Purpose
  - 1. To remove retained food particles
  - 2. Personal attractiveness
- B. Method
  - 1. Daily personal care -- proper brushing
  - 2. Dental floss
  - 3. Prophylactic cleaning by dentist

**VII. Purpose of dental supervision**

- A. During maternity cycle
  - 1. To protect mother's teeth and health
  - 2. To insure proper prenatal development of baby's teeth
  - 3. To detect nutritional deficiencies
- B. During child's developmental period
  - 1. To insure proper development of teeth
  - 2. To establish good habits of oral hygiene
  - 3. To detect nutritional deficiencies
  - 4. To correct defects early
- C. General
  - 1. To detect early caries
    - a. Prevent extension of caries
    - b. Prevent tooth loss
  - 2. To detect foci of infection
    - a. Prevent systemic infection and disability
    - b. Maintain general health
  - 3. To detect nutritional deficiencies and infections

**VIII. Functions of health center (and public health nurse) in Oral Hygiene program**

- A. Educational
  - 1. Individual
  - 2. Family
  - 3. School
  - 4. Community
- B. Treatment (Nurse assists in arranging for treatment)  
(Fill in treatment which is actually done in health center)

Reference Material -- Red Cross Home Nursing



## OUTLINE OF NURSE'S LECTURES

SUBJECT: Non-Communicable Diseases

Purpose of Instruction: To give the public health nurse a recognition of some of the preventable aspects as well as the nursing needs of some of the more prevalent non-communicable diseases.

- I. Socio-economic aspects of long term or permanent illness
  - A. Individual and family
    1. Loss of earning capacity
    2. Cost of illness
    3. Emotional adjustment
  - B. Community
    1. Loss of productivity
    2. Cost of illness
    3. Cost of resulting social problems
      - a. Relief giving
      - b. Case work
- II. Activities of the public health nurse in heart disease, cancer and orthopedic conditions
  - A. Case finding and securing medical supervision of these cases
  - B. Case holding -- urges patients to remain under medical supervision
  - C. Nursing care
    1. Gives, demonstrates and supervises proper nursing care for individuals who have illnesses which may result in heart damage or an orthopedic condition
    2. Teaches nursing care for patients who are suffering from these diseases.
      - a. To prolong life or aid recovery
      - b. To make the patient comfortable
      - c. To ease the burden on the family
  - D. Assists the patient and family to make a physical and mental adjustment to the incapacity caused by the condition
  - E. Health education
    1. Recognition of early symptoms and value of prompt medical care
    2. Prevention and control of communicable diseases which may cause these conditions
    3. Value of periodic physical examinations for early detection of these conditions



**III. General nursing care**

- A.
- B.
- C.
- D. Mimeographed notes
- E.
- F.
- G.

**IV. Heart disease**

- A. Prevalence
- B. Common types
  - 1.
  - 2.
  - 3.

- C. Symptoms

**V. Cancer**

- A. Prevalence
- B. Symptoms
- C. Facilities for treatment

**VI. Orthopedic conditions**

- A. Definition
- B. Causes (listed in mimeographed notes)
- C. Prevention
  - 1. Adequate maternity care
  - 2. Prevention and adequate treatment of communicable diseases
  - 3. Prevention of accidents and adequate treatment when they occur
  - 4. Adequate nutrition
  - 5. Correct posture of the body in long term illness
  - 6. Correctly fitted clothing and shoes
- D. Treatment
  - 1. Purpose
    - a. To restore functions
    - b. To prevent progression of condition
  - 2. Treatment is individualized as prescribed by a physician



## OUTLINE OF NURSE'S LECTURES

SUBJECT: Principles and Methods of Health Teaching

## I. Purpose of instruction:

To gain an understanding of human behavior and how its principles are applied in helping individuals and groups in the community to learn, so that they may assume responsibility for their own and the community's health.

## II. Principles of learning and teaching

- A. The nurse as a teacher
- B. The laws of learning
  - 1. The law of readiness
  - 2. The law of exercise
  - 3. The law of effect
- C. Applying the laws of learning to teaching
  - 1. What to teach
  - 2. How to teach
  - 3. When to teach
- D. Evaluating results

## III. Methods of teaching (how)

- A. The spoken word
  - 1. Conversations (Individual teaching and conferences)
  - 2. Lectures (Group teaching)
  - 3. Radio broadcasts
- B. Visual aids
  - 1. The written word
    - a. Newspapers
    - b. Magazines
    - c. Pamphlets and leaflets
  - 2. Motion pictures
  - 3. Posters, charts and graphs
  - 4. Exhibits
- C. Practical experience
  - 1. Demonstrations
  - 2. Return demonstrations
  - 3. Participation in work
  - 4. Responsibility for work

## IV. Individual teaching

- A. In homes



- B. In clinics
  - 1. During history taking
  - 2. In examination room
  - 3. During interpretive interview

V. Group teaching

A. Consider:

- 1. Composition and interest
- 2. Methods to be used

B. Some community problems



### OUTLINE OF NURSE'S LECTURES

SUBJECT: Principles and Practises of Public Health Nursing

Object of Instruction: The development of understand of:

1. The history and evolution of nursing and one of its branches, public health nursing.
2. The scope and functions of a public health nursing service in the public health program
3. The principles which are basic to effective public health nursing

Note: This should be taught by a public health nurse who has a good understanding of the total health program and of public health nursing in partcular.

#### I. History of Nursing

##### A. Before 17th century (untrained)

1. By families
2. Medical students
3. Religious orders
  - a. Buddhists in India (Buddhism introduced into Japan 552 A.D.)
  - b. Early Christians -- Fabiola in Rome 390 A.D.

##### B. After 17th century (Training started)

1. French Sister of Charity
2. Theodore Fliedner -- Germany 1836
3. Florence Nightingale (England)
  - a. Visited training schools in France and Germany
  - b. Crimean war, 1853
  - c. Founded training school in London, 1860
4. Boston, U.S.A. 1872
5. Doshisha University, 1885
6. Red Cross Hospital, Tokyo, 1890

##### C. Public Health Nursing

1. William Rathbone, England, 1859
2. Public Health nursing in tax supported agencies, 1900, USA.
3. Columbia University -- First university course in public health nursing, 1910

##### D. Story of the Red Cross

##### E. Japanese Nursing

#### II. Present Day Public Health

##### A. Definition

1. Community sanitation
2. Control of communicable disease
3. Health education
4. Medical service
5. Vital statistics
6. Epidemiologica service
7. Bacteriologic service
8. Research



B. Responsibility of the public health nurse in the total program  
(Follow outline Under "A")

C. Definition of public health nursing

1. Community service to:

- a. Individual
- b. Family Commun
- c. Community

2. Purpose

- a. Interpretation of medical, sanitary and social procedures
  - (1) To correct defects
  - (2) Provent disease
  - (3) Promote health
- b. Nursing care of sick in homes

3. Accomplished by assisting in:

- a. Nursing care and health supervision of prenatal, post-partum and new-born infant
- b. Nursing care and health supervision of infant and preschool child
- c. Supervision of health and habits of school child
  - (1) Control of communicable disease
  - (2) Correction of defects
- d. Supervision of the health of adults
- e. Nursing care and health supervision to industrial workers
- f. Teaching and demonstrating measures for prevention and control of communicable diseases

D. Activities of the public health nurse

1. Case finding
2. Case holding
3. Health teaching
4. Care of the sick

III. Principles of public health nursing

A. Introduction -- Evolution of principles

B. Principles

1. Determination of needs by study of:

- a. Statistics -- disease rate
- b. Resources -- health agencies and wealth
- c. Survey to determine effectiveness of program
- d. Community composition and organization
- e. Health and social legislation
- f. Occupations of members
- g. Social conditions
- h. Education and illiteracy

2. Sponsored by a representative group

- a. To insure continuous support of all of the community
  - (1) Funds
  - (2) Cooperation
- b. So that all may benefit by the service



3. Non-sectarian, non-political
  - a. Service to all in community
  - b. Support of all in community
  - c. Follow professional principles rather than political policy
  - d. Continuous service not interrupted by political party changes
4. Non-limitation of service
  - a. Service must reach all members of community if it is to be effective
  - b. Supported by tax funds, therefore should be available to all
  - c. Health officer responsible for the health of all member of community
5. Leadership of official health authorities
  - a. Government has legal responsibility for health of people
  - b. Government makes and enforces health laws
6. Adequate records for:
  - a. Insuring adequate continuous service to patients
  - b. Statistics and epidemiological studies
  - c. Evaluation of work
  - d. To explain needs, activities and accomplishments to the community
7. Cooperation with other agencies
  - a. Private physicians
  - b. Health officer
  - c. Clinics, hospitals and sanatoria
  - d. Social agencies
  - e. Community
8. Only graduate nurses employed
  - a. Must have good general nursing education because she encounters many types of illness
  - b. Works alone in homes -- good judgment and skill necessary
9. Health Education
  - a. "To help family to help themselves"
  - b. To secure cooperation and support
10. Professional ethics
  - a. To gain confidence of members of community
  - b. To gain confidence of physicians and other agencies
  - c. To gain confidence of patients
  - d. To gain confidence of fellow workers
  - e. To establish higher nursing standards (Read Florence Nightingale Pledge)
  - f. To keep the nurses activities within the limit of her knowledge and ability
11. Supervision and staff education
  - a. To insure quality of service to community
  - b. To keep the nurse informed of new procedures and concepts
12. Working time for public health nurses
  - a. To promote morale of group
  - b. To maintain health of individuals
  - c. To maintain the enthusiastic spirit of individuals



- IV. Organization of public health nursing services
- A. Public health nursing in the national government
1. Duties and responsibilities
    - a. Suggests and implements nursing legislation
    - b. Plans education of public health nursing
    - c. Standardizes nursing practice
    - d. Instructs nurses through prefectural nursing actions, in all nursing activities related to public health activity.
  2. Administration
    - a. Section -- Medical Bureau
    - b. Budget -- Medical Bureau
    - c.
  3. Personnel
    - a. Chief -- Mrs. Hora
      - (1)
      - (2)
      - (3)
    - b. Clinical nurse -- Miss Suko
      - (1)
      - (2)
      - (3)
    - c. Midwife -- Miss Suzuki
      - (1)
      - (2)
      - (3)
    - d. Public health nurse -- Miss Kaneko
      - (1)
      - (2)
      - (3)
    - e. Mr. Sukejima -- Supply Division
      - (1) Arranges to get bicycles
      - (2) Bags
      - (3) Paper -- books
      - (4) Soap, towels, shoes, cotton cloth
- B. Public health nursing in the prefecture
1. Public health nurse
    - a. Instructs activities
    - b. Supervises public health nursing services in health center
    - c. Supervises public health nursing education
- C. Public health nursing in the health center (Use diagram)
- V. Supervisions
- A. Qualifications
  - B. Responsible to:
    1. Health officer
    2. Staff nurses
    3. Patients



4. Community
5. Public health nursing (to up hold standards)

C. Purpose

D. Functions

1. Administrative
  - a. Assign nurses to district and clinics
  - b.
  - c.
2. Educational
  - a.
  - b.
  - c. Health center manual
  - d. Reference library
  - e. Nurse's notebook

VI. Reports and Records

A. Reports

1. Purpose
  - a. To indicate type and volume of service rendered
  - b. As a guide in planning the work of the agency
  - c. To interpret the work to the community and to other agencies
  - d. To aid in studying the health of the community
2. Types of reports
  - a. Daily report
  - b. Monthly report
  - c. Annual report
  - d. Special reports
3. Principles of making useful reports
  - a. Items carefully selected to give significant information
  - b. Arranged so that comparisons can be made
  - c. Standard classifications and definitions should be used
  - d. Statistical data should be related to prefectural or national figures

B. Records

1. Purpose
  - a. To provide record of services rendered to prevent gaps
  - b. To evaluate service
    - (1) Supervision
    - (2) Self evaluation
  - c. To assist the physician in making a diagnosis and prescribing treatment
2. Types of records
  - a. Family folder
  - b. Individual records
    - (1) Maternity
    - (2) Child health
    - (3) School
    - (4) Morbidity
    - (5) Tuberculosis
    - (6) Other special records



- c. Medical record
- d. Record of care
- e. Nurse's records
- 3. Principles of record keeping
  - a. Avoid unnecessary duplication of items
  - b. Include only useful and necessary information
  - c. Give prominence to significant information
  - d. Provide space for narrative notes in order to give a complete and detailed picture of health and social conditions
- 4. Handling and filing of records
  - a. Available at all times
  - b. Stored properly for preservation
  - c. Clinic records
  - d. Nurse's records
    - (1) Call card (for cases new to health department)
    - (2) Index card (to indicate where patient's records are kept)
    - (3) Individual file (for active cases)
    - (4) Visiting card (a reminder of when visits are to be made)
  - e. General file (for inactive or closed cases)

#### VII. Public health nursing education

- A. Qualifications (personal)
- B. Education of public health nurses at present varies
  - 1. Well trained -- how many
    - a. 3 years hospital training
    - b. Post-graduate work
    - c. Study abroad
  - 2. Poorly trained
    - Prefectural examination
    - (This should be discussed as a means of making the students want to improve the education of the individuals and the group rather than to make them feel inferior)
- C. Education planned for the future
  - 1. Basic nurse's training
  - 2. Post graduate work
    - a. Public health nurses
    - b. Midwives
    - c. School nurses
- D. Staff education
  - 1. Intensive training and supervision of the new
    - a. To teach the fundamental principles of public health nursing
    - b. To teach the technique and the policies of the organization
    - c. To standardize nursing procedures
    - d. To determine the adaptability of the new nurse to public health nursing
  - 2. Continuous staff education (Group)
    - a. To refresh and stimulate the staff mentally
    - b. To introduce new services or procedures
    - c. To provide in-service training in lieu of pre-service training



3. Individual supervision
  - a. To observe the situation the nurse has to face
  - b. To see how the nurse meets the situation
  - c. To observe techniques and procedures in actual practice
  - d. To help the nurse evaluate her performance
  - e. To broaden the nurses view-point by discussing the needs of particular situations

#### VIII. Present day personnel practices and problems

- A. Personnel practices (See mimeographed notes "The nurse's manual")
- B. Problems
  1. Shortage of nurses
    - a. Distribution of nurses
    - b. Salaries
    - c. Status of women
    - d. Lack of training (inefficiency and disorganization)
  2. Poor cooperation — public and private agencies

#### IX. Family health service

- A. Social functions of family life
  1. Family perpetuates the life of the race
  2. Family contributes to economic life of the community
  3. Family raises and educates children in the cultural pattern of the nation
- B. Purpose of community health service
  1. Makes possible the continuity of the race by protecting the health of mother and children
  2. Helps to prevent economic and social waste by preventing illness, disability and death.
- C. Classification of public health nursing service
  1. Health supervision
    - a. Infants
    - b. Preschool
    - c. School
    - d. Adults
  2. Morbidity service
    - a. Communicable
    - b. Non-communicable
  3. Maternity
    - a. Prenatal
    - b. Delivery
    - c. Postpartum (and care of new born)
- D. Functions of the public health nurse
  1. Helps to secure early medical diagnosis and treatment
  2. Gives or secures nursing care of the sick
  3. Helps family to carry out recommendations and procedures
  4. Guides the family in securing help for social problems affecting health



5. Tries to understand and consider emotional factors influencing family
6. Shares in community activities for development of adequate health program and facilities

**B. Procedures**

1. Evaluate needs
2. Family and nurse evaluate
3. Family stimulated to plan for health with help from other agencies
4. Nursing service given
  - a. In home
  - b. In clinic
  - c. Classes

**X. Morbidity service**

**A. Functions of the public health nurses**

- 1.
- 2.
3. (NOPHN Manual Page 334)
- 4.
- 5.
- 6.
- 7.

**B. Nursing care**

1. Purpose
  - a. Prevention of disease
  - b. Treatment of disease
  - c. Relief of patient
2. Principles
  - a. Scientific principles
  - b. Organization of equipment
  - c. Skill in performance
    - (1) Adequate care of patient
    - (2) Economy of motion and time
    - (3) Orderly and economical use of equipment
    - (4) Prevent spread of infection
  - d. Comfort of patient
    - (1) Physical factors
    - (2) Emotional factors

**XI. Maternity and child health**

**A. Classification**

1. Maternity
2. Infant
3. Preschool

**B. Maternity**

1. Public health objectives
  - a. Conservation of the life and health of every pregnant mother and to provide opportunity for proper growth and development of the baby.



- (1) Complete medical examination before marriage
  - (2) Adequate medical care during the maternity period
  - (3) Understanding acceptance and practice of hygiene of pregnancy
  - (4) Community understanding, interest and action in providing facilities for care of all pregnant women
2. Means of achieving objectives

C. Infant health

1. Public health objectives (good start in life)
2. Means of achieving objectives



## OUTLINE OF NURSE'S LECTURES

SUBJECT: Nursing Procedures

I. Purpose -- To train students to be skillful in performing their basic functions of:

A. Caring for the sick to:

1. Aid recovery
2. Make patient comfortable

B. Teaching nursing procedures and nursing care to families

Note: Students should be taught ideal methods. They will have to adapt procedures and equipment to suit each situation but the basic principles of the procedure must be kept.

When planning a procedure the entire staff should plan it together so that it is acceptable to all and so that the procedure will be done the same way by every nurse.

II. Points to consider when doing all procedures

A. Will the procedure be effective?  
(Will it accomplish the purpose?)

B. Patient's comfort

1. Will it make the patient comfortable?
2. Will it hurt as little as possible?

C. Economical use of equipment

1. Avoid waste (Remember A & B)
2. Careful use to avoid damage
3. Proper cleaning and storing

D. Economy of time and effort (Remember A & B)

1. For patient
2. For attendant

III. Basic Nursing Procedures

A. Bag technique

B. Bed making

C. Bed bath

D. Oral hygiene

E. Care of hair and nails

F. Comfort devices

G. Hot water bottle, ice cap, ice pillow

H. Bed pan, urinal

I. Housekeeping



J. Care and cleaning of equipment

K. Draping patients

IV. Special procedures

A. Communicable disease isolation

1. Isolation unit
2. Gown technique
  - a. Nurses
  - b. Attendants
3. Care of sputum
4. Care of dishes
5. Care of linen
6. Care of equipment
7. Care of waste material (Urine, feces, bathwater, food)

B. Maternity

1. Breast binder (Postpartum)
2. Breast care (Postpartum)
3. Abdominal binder (Antepartum)
4. Perineal care (If doll available, if not draw picture)

C. Infant and preschool

1. Sponge bath
2. Tub bath
3. Formula making
4. Method of nursing and after care

D. Simple treatments

1. Enemas
2. Compresses
  - a. Eye
  - b. Other
3. Inhalations
4. Dressings

V. Outline for each procedure

- A. Purpose
- B. General instructions
- C. Equipment needed (Available and improvised)
- D. Procedure
- E. Points to emphasize (Principles -- cleanliness, effectiveness, etc.)
- F. Does this procedure take into considerations the points mentioned in II?

Reference Material: Procedure Book  
NOPHN Manual  
Red Cross Home Nursing  
Communicable Disease Nursing -- Lynch



## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Public Health Organization and Administration

- I. Object of Instruction

To give the public health nurse an understanding of the organization, administration, and responsibilities in protecting the health and welfare of citizens through organized community
- II. Development of public health and public health administration in Japan (3 year summary)
- III. Organization and administration
  - A. National government
    1. Organization and functions of welfare ministry
    2. Appointment of personnel
    3. Source of funds
    4. Relationships with other agencies
      - a. Other ministries
      - b. Professional groups
  - B. Prefectural Government
    1. Organization and functions
    2. Appointment of personnel
    3. Source of funds
    4. Relationships with other agencies
      - a. Other bureaus
      - b. Professional groups
  - C. Health Center (Introduction used at suginami)
    1. Organization
    2. Personnel
    3. Source of funds
    4. Relationships with other agencies
      - a. Private physicians and midwives
      - b. Ward or city office
      - c. Schools
      - d. Hospitals and sanatoria
    5. Functions (Health Center Law)
      - a. Health education (Show relationship between health education and health legislation)
        - (1) Individuals
        - (2) Community
        - (3) Authorities
      - b. Vital Statistics
        - (1) Data collected
        - (2) Purpose
        - (3) Methods of collecting data
        - (4) Methods of interpreting data
      - c. Nutrition



- d. Environmental sanitation
  - (1) Inspection of food source, handling, preparation and examination of food handlers.
    - (a) Purpose (Diseases spread and illness caused by contaminated food)
    - (b) Source of contamination
    - (c) Method of control
  - (2) Milk
    - (a) Purpose (Diseases spread and illness caused by contaminated milk)
    - (b) Source of contamination
    - (c) Method of control
  - (3) Water supply
    - (a) Purpose
    - (b) Source of contamination
    - (c) Method of control and purification
    - (d) Related problems -- Ice and the common drinking cup
  - (4) Sewage disposal
    - (a) Purpose
    - (b) Method
  - (5) Vermin and their control
    - (a) Purpose
    - (b) Method
  - (6) Public buildings (and housing)
    - (a) Bath houses
    - (b) Swimming pools
    - (c) Recreational facilities
    - (d) Apartments, slums
- e. Medical social service
- f. Public health nursing
- g. Maternal and child hygiene
- h. Dental Hygiene
- i. Diagnostic laboratory service
  - (1) Purpose
  - (2) Facilities available
- j. Control of Communicable diseases including Tb. and V.D.
  - (1) Responsibility of official agencies
    - (a) National
    - (b) Prefectural
    - (c) Health center
  - (2) Method
    - (a) Infected individual, contact and environment
      - 1) Recognition and reporting
      - 2) Isolation
      - 3) Quarantine
      - 4) Disinfection (Concurrent and terminal)
      - 5) Immunization
    - (b) Community
      - 1) Control of water supply
      - 2) Pasteurization of milk
      - 3) Supervision of food and food handlers
      - 4) Examination of animals



5) Education

- a) Personal hygiene
- b) Disease prevention
- c) Epidemic measures
  - 1.) Discover source
  - 2.) Destroying intermediate host
  - 3.) Safeguarding food and water supplies
  - 4.) Immunizing population

D. Differentiate between "law and ordinance"

E. Law enforcement

- 1. Responsibility
- 2. Method



*M. Imai*

## SCHOOL HEALTH PROGRAM

Health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.

--World Health Organization--

- A. Scope
  - B. Organization and Administration
  - C. Personnel
  - D. Facilities
  - E. Finances
  - F. Cooperation with Other Agencies
  - G. Appraisal and Evaluation
  - H. Supplementary Data
1. The school Health Director or Coordinator
  2. The School Administrator
  3. The School Physician
  4. The School Nurse
  5. The Teacher's Role in Health Program
  6. Duties of Public Health Department
  7. Legal Bases for Health Program



## SCHOOL HEALTH PROGRAM

## A. SCOPE

The school health program has three aspects:

1. Health environment: The maintenance of hygienic environment in the schools, so as:

- a. To promote health of pupils.
- b. To enable pupils to live in clean and agreeable surroundings.
- c. To increase efficiency of pupils' learning activities.
- d. To maintain mental balance and physical safety of pupils.
- e. To instill habits of cleanliness and order.

Attention should be given to both school building and school grounds: good lighting, proper ventilation, protection against heat and cold, protection against undue noise, elimination of dirt and dust, protection of water supply, good drainage, proper care of toilets, disposal of waste, proper storage of all kinds of materials, adequate drinking and washing facilities, provision for school lunch, proper kind of seats and desks, safety and fire prevention and protection, and adequate health room.

2. Health instruction: The teaching and practice of sound health principles and procedures.

Health instruction should be given during the entire period of the pupils' school life covering all matters pertaining to health. Special consideration should be directed to:

- a. More scientific and realistic health instruction.
- b. Health instruction as it relates to pupils' everyday life.
- c. The relation of good health to social and economic conditions.

Objectives of health instruction

1. Acquisition of Knowledge of anatomy and physiology appropriate for healthful living.
2. Understanding of dangers to health and of preventive measures
3. Cultivation of habit and attitudes necessary for desirable home and community life.
4. Understanding of one's own health condition.
5. Recognition of facilities for health service and their utilization.

What should be taught

1. Health and its importance
2. Structure functioning, and hygiene of the living body with special reference to organs, bones, muscles, nervous system, respiration, circulation, secretions.
3. Food and health
4. Safety and first-aid
5. Health and the community
6. Health and vocation



3. Health Services: The prevention of communicable diseases and the early discovery and correction of physical defects.

Among the school health services are: first aid, physical examinations and follow-up, health inspections, immunizations, home visits, school lunch, and health records and reports. Treatments (other than emergency) for illness and disease are not a proper function of the school, but should be given by a private physician or a hospital clinic.

In general the best results in the entire school health program will be attained with children in the elementary and lower secondary schools for several reasons:

1. All the children of these ages attend school regularly.
2. Physical defects of these children can be corrected more easily than in older children.
3. Younger children are more impressionable and good health habits can be inculcated early.
4. Sound health instruction can be integrated in the entire school program.
5. Teachers take a greater interest in pupils' health.

#### B. ORGANIZATION AND ADMINISTRATION

The board of education of the prefecture or of the local district has the overall responsibility for the health education program in the schools. The superintendent, being the chief executive officer of the board of education (see organization chart), is responsible, with the assistance of the secretariat, for such aspects as: development of an effective program suited to the needs of the pupils, selection of competent health personnel, provision for supervision of program, and furnishing leadership in establishing and maintaining proper community understanding. (See the School Administrator -- Functions and Responsibilities)

In the secretariat of the prefectural board of education will be provided trained personnel to assist schools to develop their over-all health program and to give guidance to the schools in implementing the program.

In each school the principal is responsible for the development of and supervision of the health program in his school. He will take full advantage of the services of the health consultant in the secretariat, of the local and prefectural public health departments, of the public health center, of the school health council, of the health director, of school physicians, of the school nurse, of the teachers, and other qualified persons.

The board of education, superintendent of education, secretariat, principals, and school staffs should cooperate fully with appropriate



agencies (see Section F) and seek and utilize the professional and other assistance which these agencies can render. This cooperation is necessary because, in its full meaning, the school health program is only part of the public health program.

While the in-service training program of school nurses, health teachers, and health coordinators is a responsibility of the school, it is expedient what this be planned in collaboration with the appropriate public health agencies, medical and nurses associations, prefectural board of education and their staff, and other government units.

### C. PERSONNEL

It is necessary to have the services of competent personnel and of an efficient administrative organization in order to conduct a good school health program.

The selection of personnel in the school health program will be governed by standards established by law and regulations. Licensing is or will be in accordance with such regulations. The appointment and assignment of all health personnel who are in the employ of the schools will be upon recommendation of the superintendent to the board of education.

Remuneration will be determined by and paid by the board of education for all personnel in the employ of the board of education.

Supervision should be given by appropriate personnel in the secretariat who are to utilize the advisory and technical services of professional persons in government and other agencies (see organization chart).

Each school should have the full or part-time services of the following personnel who individually and collectively should assist in (1) developing the overall school health program and curricula, (2) setting up appropriate policies and procedures, and (3) orienting the public regarding school health matters.

1. School Physician: A school physician should be employed part time for each school and Kindergarten according to the School Physician and Kindergarten Physician Regulations. His special duties are: designating approved first aid procedures, physical examination of students and teachers, health guidance (but treatment) for the diseased, <sup>and</sup> consultation of health programs and healthful school environment. Treatment should be given by a private physician or a hospital clinic. (See the School Physician -- Functions and Responsibilities.)



2. School dentist: If possible a school dentist should be employed according to the School Dentist and Kindergarten Dentist Regulations. His technical duties are: dental examination of students and teachers; prevention (but not treatment) of dental diseases; diagnosis, consultation, and lectures on dental hygiene.

3. Health director or coordinator: The health director has the responsibility of coordination of health instruction and health services.

Activities in the health program. Because few schools can afford a full-time director, it is advisable to assign a faculty member with health knowledge as a part-time director. He will be able to perform this duty concurrently with that of other responsibilities. In some schools the head teacher serves as health director but only if he has special qualification for the duty. In other schools the physical education teacher or homemaking teacher is the director. Because of their limited training in professional education, it is not desirable to have school nurses serve as health coordinators although circumstances may justify this practice in some instances. (See the school Health Director or Coordinator--Function and Responsibilities.)

4. Health teachers: In truth all teachers are health teachers, especially in the elementary schools. Best result in the secondary schools will be obtained if the training of health teachers is such as to qualify them to carry on effective health education. Physical education, science and homemaking teachers are in a special sense teachers of health. (See the Role of the Teacher in the School Health Program.)

5. School nurses: The school nurse looks after the health status of students and the school health environment in compliance with the School Education Law. Her chief duties are: School sanitation and safety, physical examinations and follow-up; health inspections; health consultation with teachers, parents, and pupils; prevention of diseases; home visiting; first aid (but not treatment), record keeping and reporting. School nurses should have a school nurse license. (See The School Nurse--Functions and Responsibilities.)

School health council: It will facilitate the development and implementation of a good school health program if there is a school health council composed of the principal, school nurse, health director, school physician, school dentist, health teachers and teachers in related subjects (physical education, science, homemaking, social studies), and representatives of community agencies such as the Public Health Department and Public Health Center, welfare agencies, the parent-teacher organization, and other agencies as shown in Section F. Older student representatives may be useful in conferring with the council at opportune times. Regular meetings are desirable to discuss such topics as: a yearly program, improvement of health facilities, improvement of pupil health, follow-up



of health examinations, health content of courses of study, better health teaching, health records, effective home relationships, and any other health problem. The council and the school principal and nurse should make frequent use of the services of public health agencies such as: public health center, national or government hospitals, child welfare council, and social welfare committee.

#### D. FACILITIES

The board of education is responsible for furnishing the facilities for the school health program. In this connection use should be made of clinics, or it may be possible to borrow (under the personal supervision of the school physician, dentist, or nurse) various equipment such as, portable X-ray machine, dental equipment, and audiometers from public health agencies or institutions.

It is to be observed that present health rooms and facilities in the schools are often not being utilized fully nor properly in accordance with good practice. Demonstration health programs showing the proper use of these facilities are highly desirable in schools which are capable of such programs.

In communities where there are public health centers it is desirable that schools make use of the facilities and services of these centers.

##### Health Room and Equipment

It is important that the nurse have a light, pleasant health room. This room should be conveniently located in relation to the classrooms, and should be as quiet as possible. It should have the necessary length to allow for the testing of visual and hearing acuity at a twenty-foot or five meter distance. The health room should be made attractive and informal, rather than give the appearance of an operating room or clinic. In this way the school health program will be associated with good health rather than sickness. Beside the usual office equipment, such as desk, chairs, blackboard, bulletin board, rack for literature, files, and cupboard, the nurse's room should contain:

- One or more cots with clean bed blankets
- High movable screen
- Running water (or a pitcher of water) wash basin, soap and waste receptacle.
- Tray of thermometer equipment
- Sterilizer
- Weighing scales
- Equipment for measuring height



Equipment for testing visual acuity

Equipment for testing hearing acuity

A full-length mirror to be used in health teaching

A medicine chest, with minimum first-aid equipment: two or three covered glass jars (one tall enough for tongue depressors).

tongue depressors, wooden applicators and toothpicks, sterile gauze, absorbent cotton, adhesive tape, prepared dressings, roller bandages of two widths, triangular bandages, scissors, thermometers, medicine droppers, vaseline, green soap, boric acid, slings and splints, culture tubes and sterile swabs (if the nurse takes cultures), and alcohol.

The type and contents of the bag carried by the nurse working in the school are determined in relation to the need. When the school nursing program forms a part of a generalized service, the usual supplies will be carried. When the nurse is doing only school nursing, it is generally considered sufficient to carry a small bag with washable lining containing a thermometer (in a case), alcohol, cotton, hand-washing equipment (liquid or powdered soap and towels) flashlight, records, and health literature. The bag should be of such a type that it will stand when open.

Whether or not the school nurse should wear a uniform depends upon the local situation. A white uniform and nurse's cap are undesirable because they are not practical for making home visits and they are associated with hospitals and illness, whereas the school nurse represents an educational and health service. If the nurse does not wear a uniform, it is customary for her to wear a washable smock or coat in the school.

Sanitary conditions and sanitary practices are of first importance in the health room. Using the health room as a storage room or for other than health purposes is bad practice.

If there is any medical equipment in the school that is not suited to school use, such as, X-ray machines, electrical vibrators, therapeutic lamps, etc, it should be sold or loaned to clinics or hospitals.

#### E. FINANCES

The budget of the board of education should contain specific and adequate appropriations for all aspects of the school health program. In other words, the entire cost of the school health program should be met from the public treasury. It is unwise and should be unnecessary eventually to ask parents, parent-teacher organizations, education associations, or teacher unions for donations for the school health program inasmuch as these services, like education in general, are an obligation upon all the people by general taxation. For the



time being, contributions may be a necessary practice.

There will be urgent cases in which the family is unable to provide or secure necessary remedial medical services. In such instance they should be referred to the proper health or welfare agencies. It is also desirable that civic minded groups make available to the school special health funds for limited use.

#### F. COOPERATION AND COORDINATION WITH AGENCIES AND GROUPS

It is essential that the educational officials cooperate with and coordinate their activities with appropriate agencies and groups which are qualified to assist with the school health program. Examples of these agencies are the following: public health department, public health clinic, hospital clinics, welfare agencies, medical associations, nurses associations, education associations, teacher unions, parent-teacher organizations, women's organizations, and local government units.

#### G. APPRAISAL AND EVALUATION

Evaluation is an essential part of any program in order to determine its good and poor results --How effective is it? Are the aims being realized?; is the personnel properly trained?; Are the facilities adequate?; Is the Health of the children as satisfactory as it should be?

Among the agencies for evaluation that ought to be utilized are the following: the research section of the secretariat, the school officials and teachers, the school physician and dentist, the public health department and the public health centers, the medical and nurses associations, welfare agencies, the parents, and the pupils themselves. This can be done by several methods: observation, surveys, questionnaires, personal interviews, health records, health tests, and teacher appraisals.

#### H. SUPPLEMENTARY DATA

##### 1. The School Health Director or Coordinator

##### a. Functions

Co-ordination of health services and activities is a necessity in the school if an effective program is to be developed. To effect co-ordina-



tion, the organization of a school health council or committee, composed of interested faculty members and non-certified personnel, is desirable procedure. Appointment of a trained person to serve as chairman of the committee and to implement the co-ordination is imperative if effective action is to result.

The school health co-ordinator should be vested with administrative and supervisory responsibility over the health program within the individual school. Planning of the program should be done by the school health committee and with the health service staff (doctor, nurse, health co-ordinator, etc.) that serves the school. Details of the program should be worked out in accordance with a statement of policy, and the health co-ordinator should be held responsible for their administration, utilizing the capabilities of all interested person within the school.

In most school the position of health co-ordinator will be a part time assignment. The faculty member best trained for such a position should be given the assignment of health co-ordinator. This may be the head teacher, physical education director, school nurse, or some other member with a specific background for administration of school health program.

The aims of the health co-ordination program are:

- (1)a. To coordinate the health activities of the entire school staff.
- (2)b. To coordinate the school health activities with activities of the public health department and other community agencies.
- (3)c. To organize a program of health guidance and instruction for the student and teachers, so that they may have a thorough understanding and appreciation of health.

b. Responsibilities

(note In a large school where there is a full time director it is possible for him to carry out the responsibilities given below, but in schools which have part-time directors many of the items should be assigned as the duty of the school nurse or others. In a city or town it may be desirable to have a health director to serve all the schools. )

1. Meet with the school health council or committee to:
  - a. Make general plans of the health program.
  - b. Appoint the sub-committees of teachers and students to deal with specific program.
2. Arrange for periodic survey of environmental conditions by qualified personnel to be followed by conferences with the administrator concerning desirable changes.



3. Stimulate interest in the health program on the part of the faculty.
4. Organize in-service training programs in health education for teachers and other members of the school staff.
5. In co-operation with teachers and nurses confer with individual students.
6. Arrange for medical examinations of students in co-operation with nurse.
  - a. Allocate sufficient time to make examinations of educational value.
  - b. Make appointment lists and notify students.
  - c. Notify teachers of students scheduled for examinations.
  - d. Notify parents.
7. Co-operate with nurse and teachers.
  - a. Notify teachers of findings which have classroom implications.
  - b. Assist in making necessary adjustments in students' programs, as far as possible.
  - c. Help students to secure clinic appointments where necessary and where nurse is unavailable to take this responsibility.
  - d. Advise students as to available medical facilities.
8. Supervise problems of admission and exclusions they relate to health.
  - a. Confer on admissions and exclusions of students.
  - b. Keep illness record of absentees. in co-operation with teachers and nurses.
  - c. Notify teachers of students who have been absent due to prolonged illness.
  - d. Arrange for care and transportation of students who are ill.
  - ee. Keep faculty alert for sympt of communicable diseases.
9. Aid nurse in the maintenance of health records, assuring that these are
  - a. Made accessible to those concerned.
  - b. Kept up to date.
10. Assist with plans for care of emergencies.
  - a. Arrange ofr location, supply, and maintenance of first aid stations.
  - b. Arrange with principal for information to entire school staff as to their responsibilities and limitations,
11. Investigate health and factors in transportation.
12. Direct the program for co-ordination of health services with education.
  - a. Help doctor and nurse to make the examination and inspections an educational experience for the student.
  - b. Help teachers to relate their health instruction to student need as revealed in health examination.



13. Direct study of integration of health instruction into the curriculum, with the assistance of the school health council or committee. The functions of the committee are to:
  - a. Study and evaluate the curriculum for health content.
  - b. Advise as to health implications within the units already established in various departments.
  - c. Recommend placement of important health units not already included in the curriculum.
14. Work with the school health committee to organize school programs concerned with particular health problems.
  - a. Acquaint faculty with plans.
  - b. Appoint committees responsible for each program.
  - c. Evaluate results and arrange for effective follow-up.
15. Promote public relations.
  - a. Home
    - (1) Obtain signed statement from parent or guardian as to procedure desired in case of emergency.
    - (2) Inform parents of any significant changes in health status of student where nurse is not available.
    - (3) In co-operation with the nurse, arrange for any home visits which may be necessary.
  - b. Press
    - (1) Establish, in co-operation with principal, regular publicity program with local editor.
    - (2) Co-operate with school press in dissemination of health news.
  - c. Community organizations
    - (1) Endeavor to have school representation in as many community organizations as feasible.
    - (2) Publicize school health programs through effective demonstrations and exhibits in the community when appropriate.
    - (3) Co-operate with local health department and lend support to other community health agencies.
16. Assist in control of factors aimed at prevention of student fatigue.
  - a. Study factors contributing to fatigue.
  - b. Recommend adjustment of students' school programs when necessary.
  - c. Counsel students concerning conservation of time and energy.
  - d. Refer students who work part-time to physical education teachers for working posture and relaxation advice.
  - e. Seek to eliminate noise in and about the school buildings.
  - f. Confer with teachers concerning desirability of reasonable home study load.
  - g. Consult with principal regarding the refusal of work permits



## 17. Promote nutrition program.

- a. Confer with home economics teacher or nurse on adequate lunches.
- b. Stimulate interest in good eating habits.
- c. Refer malnourished students to home economics teacher and nurse for individual guidance.

## 18. Stimulate mental health program.

- a. Arrange for in-service training programs for staff members which will.
  - (1) Help them to develop a better understanding of adolescent behavior.
  - (2) Help them to become aware of deviations from normal.
  - (3) Suggest practical solutions to individual problems.
- b. Assist in the establishment of procedures for helping maladjusted students.
  - (1) Arrange individual conferences for maladjusted students
  - (2) Confer with parents.
  - (3) Help to see that recommendations of physician are followed.
- c. Work with school administrator on problems of teacher's teaching load.

2. The school administrator (The Local Superintendent of Education or the School Principal)

The school administrator has a concern for the health and health behavior of children and school personnel. He understands the influences which school situations have on the health of children and the staff. He is constantly active in the health education of school personnel, in maintaining a school situation which will best promote the most desirable health behavior, in helping to develop adequate health services, and in helping teachers to be alert to health problems. He informs the schools that train professional personnel of the need for preservice teacher training in school and community health and relationships.

Every school health program involves cooperation between school and health authorities. The location of personnel is less important than agreement on (1) the objectives to be attained, and (2) on a clear cut delineation of the functions and duties of each individual in achieving the objectives.

The school administrator takes leadership in acquainting the community with the health need and resources of the school.

The school administrator co-operates with the health coordinator, physician, and nurse in working out the schedules for periodic health examinations.

It is school administrator's job to provide a safe and healthful school environment for children and the staff. In planning the construction of a new school plan or in the modernization of an old one, he recommends the type of plans, including grounds and playgrounds, which conform to the best available standards in sanitation, ventilation and



lighting, safety features, and other conditions conducive to safe and healthful living.

In the program of maintenance, it is the administrator's job to see that the janitorial or custodial service is adequate and that the students and school staff cooperate in making the best use of the supplies and facilities provided.

Health education includes both instruction in health matters and the utilization of all experiences in the classroom, school, home, and community which contribute to the child's understanding of his health growth. The school administrator recognizes that education in health takes place through both channels and is a means to healthful living.

The administrator is responsible for making teachers aware of the importance of health and the opportunities for teaching health in connection with the teaching of other subjects.

The school administrator secures and budgets adequate funds for the health program as an integral part of the total school program. He helps to determine basic need and enlists community and parent support in meeting these needs. If there is no demand for an adequate school health program, the school administrator cooperates with other in fostering and creating such a demand from parents and the school staff.

The school administrator develops a procedure for the continuous appraisal of the school health program. This consists largely of pooling observations from the health coordinator, teacher, physicians, and nurses serving the school and others who have opportunities of observing the results. The collection and pooling of data from the appropriate individuals may will be done by the school health council. Some of the questions to which the pooled data should provide the answers with reference to both children and school personnel are as follows:

- Are they happy?
- Are they giving evidence of desirable growth?
- Are they alert?
- Are their sickness rates low?
- Are they physically fit, strong, graceful, and efficient?
- Do they enjoy a reasonable measure of success?

Appraisal can also be made in terms of public awareness of the health needs of the community and the school, the extent to which students, school personnel, and citizens participate in the health program. The results of medical, dental, and physical fitness examinations and inventories will show the current prevalence of remediable defects and conditions. The number of corrections completed over over a certain period of time will indicate the responsiveness of parents to the school health program.

#### b. RESPONSIBILITIES



1. Present and explain the health program to the school staff for the purpose of clarifying the position of the health coordinator and establishing clear working relations with all employees.
2. Appoint a school health council which will act in an advisory capacity to plan, stabilize, and help carry out the health program of the school.
3. Appoint a health coordinator and allocate time for health coordination.
4. Recommend for appointment the physician and nurse employed by the school and assign their functions.
5. Give leadership and guidance in establishing and maintaining community understanding of and relationship to the school health program.

### 3. THE SCHOOL PHYSICIAN

The material which follows is a complete statement of what the school physician can do if he has the available time. Inasmuch as most school physicians are part-time they will find it necessary to select those activities which are the most important and rely upon the nurse, school health coordinator, or others to carry out other activities.

#### a. FUNCTIONS

It is the responsibility of the physician serving the school to be familiar with the health problem of the community.

He has an important part in informing the public regarding the nature of the school health program, its problems and progress, and assist local school and health authorities in convincing the public of the need for school health services. He takes advantage of opportunities to serve on committees attempting to improve civic, community, or school relations.

He assists in the administrative development of an adequate program of periodic health examinations for school children.

He makes the school medical examinations an integral part of the total health counseling program, and considers it an opportunity to give guidance and counseling to the students and the parents on the basis of the health needs revealed.

One of the most important responsibilities of the physician serving the school is to make the health examination a constructive learning experience for the student. This examination may constitute a wholesome emotional experience or the reverse.

He enlists the support of family physicians, clinic physicians, and specialists in securing medical care for individual students who need it.

He plans an in-service teaching program for appropriate personnel in the techniques of observing health and health behavior, including tests and measurements of child growth and development.



He assists the school administrator in setting up administrative policies and procedures which help to maintain and promote the health of school personnel.

He is expected to exercise reasonable supervisory control over factors in the physical environment which may effect either favorably or unfavorably the health, happiness, and welfare of students or staff members.

He cooperates with the administrator by preparing information for immediate dissemination to the teachers and parents in case of an epidemic or their emergency.

He is available to teachers for consultation of problems relating to their health education programs. He participates in curriculum-planning committees in all areas relating to health.

He cooperates with all school and personnel official and voluntary agencies in maintaining and developing the health of the students in the schools.

b. RESPONSIBILITIES

(Note Under present condition the physician will not have time to perform all the responsibilities listed below. Therefore, he should select those which are most important and rely upon the principal, nurse, or others to carry out as many of the others as possible.)

1. Assist the administrator and the health coordinator in planning the over-all health program and perform the professional duties connected with its operation.
2. Assist the administrative development of an adequate program of periodic health program and perform the examinations of school children.
  - a. Consult with the administrator as to the frequency.
  - b. Acquaint the administrator with the facilities required for making health examinations, including prepare equipment, a quiet place in which the examination can take place, etc.
  - c. Make the medical examination an integral part of a health counseling program; consider it an opportunity to give guidance and counseling to the children and to the parents, and interpret medical findings to parents and teachers, and other school personnel.
3. Assist in developing a plan where by the school health coordinator, teachers, parents, and private physicians, nurses, and community agencies and groups understand and share in the responsibility for the follow-up program.



4. Help in establishing procedures for the in-service education of non-medical personnel in the techniques of observation of health and behavior symptoms and in tests and measurements of growth and development, and for the reporting of signs and symptoms indicating the need of medical attention.
5. Take part in curriculum planning committees in all areas relating to health and see that school health examinations, correction of defects, immunization, and experiences with illness and the like are used constructively as part of the child's education on health.
6. Confer individually and in groups with school personnel concerning their personal health problems, in schools providing such service, conduct health examinations of school personnel.
7. Assist in providing and interpreting factual data for the periodic appraisal of the school health services.
8. Be sensitive to all environmental conditions affecting the health of children and of the staff and assist the administrator in an advisory and supervisory capacity in his efforts to provide physical conditions conducive to safe and healthful living in school.
  - a. Work with the administrator in interpreting the assets and liabilities of the school plant to the budgeting or appropriation authorities.
  - b. Assist the administrator and public health officials in evaluating the school plant with regard to construction and maintenance as these affect safe and healthful living in school.
  - c. Give skilled and authoritative leadership in helping to provide facilities for safe and healthful school living and in making sure that they are used properly by school personnel and children. This implies: provision of adequate sanitary toilet facilities and handwashing facilities; an abundant supply of safe drinking water; pasteurized milk when milk is served in school; sanitary food handling and attractive service when lunches are served in school; lighting and ventilation in conformity with accepted standards; seating arrangements adapted to postural needs; acoustic control to eliminate unnecessary noise; suitable space and equipment for school medical service procedures, including facilities for making tests and examinations and for isolating communicable disease cases.
9. Help the administrator recognize the fact that good school morale rests upon many different factors within his control; for example, the flexible scheduling of the routine activities of the children and staff; stable, consistent, reasonable discipline; and a sound, integrated curriculum.
2. Help the administrator to recognize that the personality of the teacher is the environmental factor which has the greatest influence on the mental and emotional health of children, and that it is important for teachers to have emotional stability and control, good physical health and appearance, and attractive personality, a wholesome attitude toward life in general and school work in particular, and common sense and fairness.



- b. Help in planning the activities of the school day with reference to the sequence and length of periods for lunch, rest, play, and study, and making allowance for individual differences.
  - c. Help to decide when a given teacher should be retired as being unfit to be in charge of a school-room because of senility or mental or physical deterioration.
10. Help the administrator in fostering community pride in the school plant; and help in directing and organizing public opinion with a view to getting needed improvements and supplies in an orderly, democratic manner.
- a. Recommend taking such legal or persuasive measures as may seem feasible and expedient to improve the neighborhood of the school when necessary. Particular attention is called to such factors as: noise, odor, drainage; good and bad recreational facilities; antisocial activities; immoral demonstrations; racial, political, or other disturbances.
  - b. In conferences with parents to describe ways in which environmental conditions in the home may affect their children's well-being.
11. Work continuously with all school personnel to make all three major divisions of the school health program--health service, provisions of a safe and healthful environment, and health instruction -- contribute to the health of the child.
- a. Act as consultant to the administrator on the immediate dissemination of information to the teachers and parents in the case of an epidemic or other emergency.
  - b. Make the health examination a constructive learning experience in which the child will learn about his own health, develop confidence in medical service, appreciate the value of periodic health examinations, and continue to want them after he leaves school.
  - c. Interpret to practicing physicians and dentists in the community the health education objectives and activities of the school so that they may share the responsibility for the health education of children and parents.
  - d. Hold conferences with parents concerning the child's health needs as shown by the medical examination and the reasons for the follow-up recommendations.
12. Assist the health coordinator in evaluating the results of the health education program by furnishing and interpreting data on health behavior obtained as a result of health examinations and from interviews with parents, nurses, teachers, and children.
13. Help the school administrator and other school personnel to understand the health problems of the community and the relationships which they bear to the school health program, and assist in integrating school and community health programs. Establish and promote cooperation with organized medicine in the interest of the school health program.



14. Help to inform the public regarding the nature and progress of the school health program and to maintain good working relationships with practicing physicians and official and voluntary health agencies in the community in the fields of medicine and public health.
15. Participate in the education of parents in connection with health examination of their children in school, in getting action on necessary follow-up procedures, and in measures for the control of preventable disease.
16. Help the administrator interpret laws affecting school health procedures and cooperate in securing desirable changes.
17. Enlist the support of private physicians and of medical and other professional groups concerned with the treatment of children in securing effective follow-up, and arrange for the exchange of information necessary to a common understanding of the needs of the child by both the school personnel and the private physician or other professional personnel concerned with the care of the individual child.
18. Plan with parents for the best use of facilities for successful follow-up procedures, even if it is necessary to go outside the confines of the community.

#### 4. THE SCHOOL NURSE

The school nurse may serve a particular school full-time or part-time depending upon the size of the school and the supply of qualified nurses. In smaller schools it is desirable that no nurse serve more than one school if the schools are near to one another. Only a few schools in Japan have well qualified nurses, and it is therefore desirable that qualified nurses be used to the greatest advantage.

Below is a list of minimum duties of the school nurse.

1. Assist in maintaining a healthful school environment.
2. Hold periodic health conferences with the teachers, acquainting them with general and individual health needs of their children and health programs and information relative to their school and community as a whole.
3. With the cooperation and assistance of the teacher, aim to reduce the incidence of communicable disease in the school through a careful daily screening of all children by the teacher, who refers to the nurse for further inspection any child with symptom deviating from the normal. The nurse should exclude from school, any such child.



4. Confer with parents at home or at school regarding the health needs of their children.
5. Supervise the preparation of the menu of the school lunch and cleanliness and efficiency of those preparing the lunch. (The school nurse should not have to prepare or serve the lunch.)
6. Keep up to-day health records on all school children.
7. Give first aid or emergency nursing care at school when necessary (Standing orders, outlining care and treatment which may be given by the nurse in the absence of a doctor, should be prepared and be available to every nurse or teacher in the school.)
8. Assist doctor with medical examinations in the school.
9. Acquaint parents and teachers with defects found in pupils and help obtain corrections. (Refer to private doctor, dentist, out patient department, hospital, health center, or welfare agency.)
10. Assist in immunization program -- diphtheria, smallpox, typhus tuberculosis.
11. Assist in tuberculosis testing program -- physical and X-rays examinations for all positive reactors and BCG vaccine for all negative reactors.
12. Assist in carrying out a program of periodic stool examinations and securing medical treatment for all cases positive for intestinal parasites.
13. Assist in bringing under medical attention all trachoma and eye cases.
14. By a program of home education or group teaching, give parents health information regarding care of specific common health problems as intestinal parasites, trachoma, or any other condition peculiar to a school or area.
15. With the cooperation and assistance of the teacher, carry on all organized program of vision testing in the school.
16. With the cooperation and assistance of the teacher make regular height and weight measurements on all children. (If each elder child has the responsibility of keeping his own records, including possible reasons for gains or losses, the program has definite teaching advantages.)

#### 5. The Role of the Teacher in the School Health Program

Every teacher is a teacher of health because health ~~is part~~ education is part of the whole education process.

- A. The teacher has an important part in all three phases of the school health program, but perhaps her largest role is in creating



a healthful environment (physical and emotional) and putting into practice the health principles that are taught the child.

1. While the teacher is not always able to create an ideal physical environment, there are certain factors she can modify or control.

Those include:

- (a) the temperature.
- (b) sufficient but not excessive ventilation.
- (c) prepare lighting and a seating arrangement that utilizes the light the correct way.
- (d) children assigned to seats and desks at which they can sit comfortably.
- (e) a clean and orderly classroom.
- (f) a classroom that is free of elements that may cause accidents.

2. The emotional environment is of just as great importance to the child. An unhappy child may become a sick child.

- (a) The teacher should create a friendly harmonious atmosphere.

- (1) The discipline should be adequate and reasonable not too severe.
- (2) The child should find school a place where his interests and needs are satisfied.
- (3) To be happy a child must feel wanted, secure, and successful. The classroom teacher has the power to make him feel that way.

- (b) The teacher should ask herself "Are the children in my class happy children?" If some are not happy, finding out why they are not happy should be her first concern.

- B. The teacher has a responsibility and opportunity in helping that phase of the school health program that provides for health service for the children in her classroom.

1. In this phase, as in that of creating a healthful environment, she will work in close relationship with the school nurse.

- (a) One part of the health service is the daily health check or inspection by the classroom teacher. The nurse can explain to the teacher what physical symptoms are signs for communicable diseases or physical defects.



- (1) When teacher discovers any of these signs about a child she should call for medical advice.
  - (2) Because the teacher works closely with each child she is able to recognize behavior that is abnormal to that child, and should first analyze it as a possible health problem.
  - (3) Disorderly or unacceptable conduct often has its origin in a health problem.
- (b) The child's health problems are the first concern in the classroom; therefore the teacher should have some plan for checking on the child's health each morning.
2. Because teacher knows the individual child better than the school nurse or physician, she can help them by reporting to them any factors in their behavior or background that will help them in their diagnosis.
- a. This necessitates a close liaison between the teacher and nurse. The teacher should regard the nurse as a partner; both are working for the welfare of the child.
- b. The teacher is also a liaison in helping the child understand and cooperate with the nurse. For example: The attitude that children assume toward physical examinations and a/n immunization program reflects the attitude of the teacher.
- (1) The teacher should prepare the pupils by giving them sufficient explanation and by encouraging a positive and scientific attitude toward health.
  - (2) The teacher should make this an educational experience rather than one to be regarded with disinterest or fear.
3. The teacher often gives part of the health service.
- a. Because the teacher is a part of the school health service she needs to be informed of the findings of the school medical and nursing staff so that she can use them in her daily pupil guidance.
- (1) The child who is found to have a physical handicap or special health problem will need her assistance in adjusting to this.
  - (2) The teacher will be helped in her efforts to understand each child as a whole person by understanding him physically, mentally, and socially in her coordination with the school doctor and nurse.
- b. The teacher may have the responsibility of recording at least a part of the child's health record.
- c.



- c. She is qualified to give the monthly weight examination and bi-yearly height examinations. She can also make these meaningful to the child by having him keep his own chart of graph.
  - d. With instructions from the nurse, the teacher can also conduct vision and hearing tests and also explain and interpret these to the child so they are meaningful.
- C. The school health program should have as many interrelationships as possible. Health instruction should be related to both environment and health service.
1. Preparation for health examinations of all types should be part of the health instruction.
    - a. The child will naturally be interested in why and how they are given. Answers to these questions make a good beginning point for health instruction.
    - b. From this starting point the child can be led forward in to a wider study of health. Some of these units are:
      - (1) The problem of communicable disease.
      - (2) The problem of proper nutrition.
      - (3) The problem of accident prevention.
    - c. For teachers responsible for health instruction there are many approaches and resources.
      - (1) The teacher should invite the nurse to help the children discuss these problems.
      - (2) Science classes are excellent places for an unit on health.
      - (3) The teacher should strive to give her pupils a good background of knowledge regarding the fundamental principals upon which healthful living is based.
    - d. Every teacher should help pupils to develop the understanding attitudes, skills, and habits essential to healthful living.
  2. Because teacher is closer to the individual child than anyone else in the school health program, she has the greatest power to influence the present and future health of the children through the habits and attitudes she develops in them. Her reward will be a real one. She will have children who are more intelligent, better adjusted, and happier.



6. Duties of the Public Health Department in the School Health Program.

## 1. Health education.

- A. General approval of curriculum
  - 1. On basis of pupil needs as determined by statistics.
  - 2. On basis of medical knowledge.
- B. Assist in specific instruction.

## II. Sanitation.

- A. Assist in formulating minimum standards.
- B. Make periodical inspections of sanitary facilities.
  - 1. Garbage collection
  - 2. Sewage disposal.
  - 3. Prepare drainage.
  - 4. Insect and rodent control.
  - 5. Water supply (laboratory test monthly).
  - 6. General cleanliness.

## III. Individual Health supervision.

- A. Physical examinations.
- B. Immunization.
  - 1. Typhoid; paratyphoid.
  - 2. Smallpox.
  - 3. Whooping cough.
  - 4. Diphtheria.
  - 5. B.C.C.
- C. Follow-up.
  - 1. Home visits when corrections have not been made.
  - 2. Absentecism.
  - 3. "Problem" children.
  - 4. Referral to welfare agencies when necessary.
  - 5. Referred by health center or private physician.

## 7. D. Advisory and consultative assistance to school nurses.

7. Legal bases for health program

Provisions and regulations pertaining to school health are found in:

Fundamental Law of Education (art. 1) School Education Law  
 ( arts. 12, 28, 35, 40, 41, 42, 71, 73, 74, 75, 76. )  
 Standards for Establishment of Upper Secondary Schools  
 Infectious Disease Prevention Law  
 Enforcement Regulations of the Tuberculosis Prevention Law  
 Parasitic Disease Prevention Law  
 Trachoma Prevention Law  
 Venereal Disease Prevention Law  
 Preventive Vaccination Law  
 Health Center Law