

Rules for Nurses at the Retreat, York Approved by the Committee of the Retreat May 13th 1902 (York 1902)

Publication/Creation

1902

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Rules for Nurses
AT
The Retreat, York.

NOTICE.

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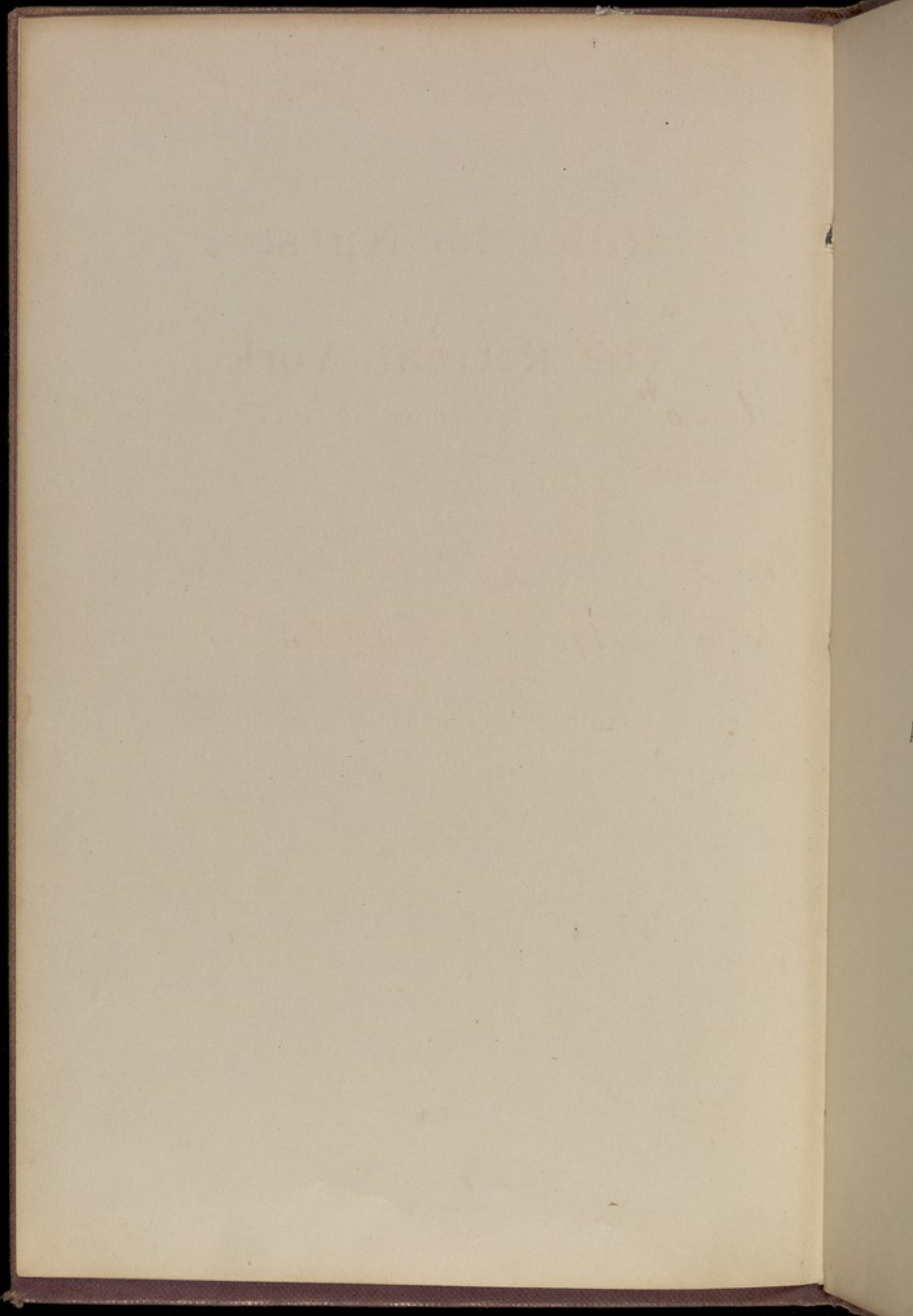
It must on no account be taken away from the Hospital except when a nurse is engaged in outside work, and it must not be shewn to any patient.

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NAME.

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Oct-28 th	1908	M. Gamow (N 8)
July 6 th	1909	A. Ellis (35-)
July 20 th	"	Nurse Prain (38)
July 24 th	1912	" Thomson (119)
Sept-2 nd	1912	" Kent (119)
" 5 th	1916	" Rudden (119)
July 26 th	1919	" Halliday (65-)
Dec		
Jan 1 st	1924	" W. J. Franker, B. 69
Aug. 5 th	"	" J. Barker, B. 39
Nov. 18 th	"	" D. Hoag, B. 25-
May 31 st	1928	" B. 87



Rules for Nurses
AT
The Retreat, York.

APPROVED BY THE COMMITTEE OF THE RETREAT,
MAY 13TH, 1902

YORK :
William Sessions, Printer, 30, Coney Street.
1902.

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INTRODUCTION.

The Retreat was founded in 1792 by William Tuke, Lindley Murray, and other members of the Society of Friends, in order to provide a home for the care of persons afflicted in mind, where they would be treated, not with the harsh methods then customary, but with kindness and sympathy. It was, moreover, the first Institution for the Insane in this country to adopt and carry out such humane treatment, and the principles then adopted are now generally recognised.

From the first, persons were admitted at nominal rates and in many cases without any payment whatsoever. The charitable aims of the founders are still kept in view, and about one-third of the patients are received at rates much below their cost.

The government of the Retreat is vested in 40 Directors who appoint the Committee of Management; the Directors and Committee rendering purely honorary service.

The Committee are wishful that the high ideals of the founders should ever influence the Staff, so that the traditions of the Retreat may be worthily upheld. For its good management, due order and discipline are necessary, and the following Rules and Instructions have accordingly been drawn up with the intention of assisting the Nurses in the faithful and intelligent execution of their duties.

The Committee recognise that the work of nursing the insane is frequently arduous, and calls for much self-denial and patience. Mental disorder is one of the saddest forms of human affliction, and those who honestly strive to alleviate this suffering, and to minister to the needs of the afflicted in mind, are undoubtedly performing true Christian service. The Committee extend to the nurses warm sympathy and encouragement in their work.

RULES FOR NURSES.

I.

General observations on the treatment of patients.

It must always be remembered that the comfort and happiness of the patients, and in many cases the prospect of their recovery, largely depend upon the manner in which the nurses perform their duties.

Kindness, tact, firmness and good temper; thoughtful attention to duty, patient obedience to orders, kindly interest in each patient, and orderly neatness in ward duties are the characteristics of every good nurse.

II.

Straight-forwardness essential.

It should be the aim of every nurse to win the confidence and respect of patients under her care; this can only be attained by being straight-forward and upright in all her dealings with them. Nurses must never make promises which they cannot perform, and must always avoid deception and prevarication.

III.

The patients must always be treated with uniform kindness.

Penalties for unkindness.

Any ill-treatment, unkindness or harshness in word or deed will render a nurse liable to immediate suspension and subsequent dismissal. The penalties imposed by law for illtreating or wilfully neglecting a patient are stated in the appendix. (See page 15).

A nurse concealing the ill-treatment of a patient by another nurse will be considered equally guilty.

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When it is necessary to exercise authority over patients the nurse must never be peremptory or speak harshly: firmness must be associated with gentleness of manner, having due regard to the patient's feelings and limitations.

IV.

Control of
violent
patients.

Should it be absolutely necessary to control a violent patient, additional assistance must be procured. When the patient sees that resistance is useless she will seldom attempt it.

No nurse must ever struggle single handed with a patient except under grave emergency.

Should a struggle be unavoidable the knees or elbows must never be placed upon the body of the patient.

V.

Care of
Suicidal
Cases.

Special "Suicidal notices" are issued by the medical officers for every patient disposed to self-injury, and each nurse in the ward is required to sign an acknowledgement.

When the notice says the patient is to be under "continuous observation," she must not be left alone on any pretext, day or night. "Close observation" means less rigid supervision; the nurse must know where the patient is and what she is doing, and must closely, but not necessarily continuously, observe her actions.

VI.

Seclusion
and restraint.

Seclusion is defined by the Commissioners in Lunacy as "the enforced isolation of a patient by day, between the hours of 7 a.m. and 7 p.m., by the closing, by any means whatsoever, of the door of the room in which the patient is." No patient

may be secluded without the sanction of a medical officer.

No patient may be restrained by any mechanical means whatever unless the Medical Superintendent should expressly direct the same.

VII.

Occupations
of patients.

Nurses must encourage patients to occupy themselves usefully, and, as far as their duties permit, assist in their amusements and other pursuits. They must not restrict amusements to the more intelligent, but endeavour to rouse the interest of all.

VIII.

No favourites. Nurses must refrain from making favourites of individual patients and avoid undue intimacy with any of them.

IX.

Attitude
towards
delusions.

Nurses should avoid talking to patients on the subject of their delusions and on no account argue with them, but on the contrary endeavour to interest them in other matters, or in some other way divert their attention. It must, however, be remembered that nurses have constant opportunities of observing the patient's mental condition, and it is an important part of their duty to inform the Medical Officer of any concealed delusions or peculiarity.

X.

Exercise.
Fresh air.

Every patient must be encouraged to take a liberal amount of exercise daily in the open air.

Pure air in the wards and dormitories is of first importance; the various rooms and corridors must be freely ventilated, and all windows should be open whenever possible, consistently with the comfort of the patients.

XI.

Cleanliness. Nurses are reminded that thorough cleanliness is of the utmost importance for the maintenance of the health of the household.

Rubbish must not be allowed to accumulate, and soiled clothing must be immediately removed from the bedrooms. It is a nurse's duty to fight dirt as well as disease.

XII.

Keys and knives.

Keys must be displayed as little as possible and care must be taken to avoid noise in using them. Pass-keys are not to be lent to patients. Any nurse losing keys, knives, or scissors, must instantly report the loss. The leave of all nurses in the department may be stopped until the lost articles are recovered.

Nurses going beyond the grounds must leave their keys with the gatekeeper.

XIII.

Confidential position.

Nurses in the Retreat must understand that they hold a confidential and responsible position. They are strictly forbidden to gossip about the patients or their doings, and the names of the patients must not be mentioned in the presence of strangers. Correspondence with the friends of the patients is not allowed.

XIV.

Letters.

The letters written by patients are to be placed in the box for the purpose, or given to one of the medical officers. Nurses are not permitted to post letters for patients nor to assist them to

communicate with persons outside the institution, except when authorised by the Medical Superintendent.

XV.

Visitors. No nurse may entertain any visitor, nor may a visitor be admitted to see the Institution, or have access to any of the galleries or dayrooms without the permission of the Matron or one of the Medical Officers.

XVI.

Gratuities. Nurses are not allowed to receive perquisites of any kind, nor to buy or to sell anything from or to the patients, nor to receive gifts or money from the patients or their friends, nor from visitors to the Institution without the consent of the Medical Superintendent.

XVII.

Male and female departments. Without special authority attendants and men servants are not to be admitted to the galleries, day-rooms, or private pleasure grounds on the women's side; nor must nurses enter the men's departments.

Before breakfast and after sunset, nurses are not allowed to use the general pleasure grounds, but only the private gardens used by the female patients, viz.—the terrace, West Villa and Ladies' Inner Gardens.

XVIII.

Stimulants. Nurses whilst on the Retreat premises, are required to abstain from alcoholic beverages, unless prescribed for medicinal purposes by one of the Medical Officers.

XIX.

Loyalty to
Retreat.

If any servant of the Retreat is aware of serious misconduct on the part of any one employed in the Institution, a report must be made to one of the officers. It follows therefore that any ill-treatment of a patient or anything likely to injure the patients or the property of the Retreat, or that may bring discredit upon the Institution must be reported without delay to the Medical Superintendent or his deputy.

XX.

General
duties of
Sisters.

(1) The Sisters are responsible for the welfare of the patients in their wards and the good order of the rooms, furniture and clothing.

(2) The Sisters must immediately report to a Medical Officer any unusual illness, accident or injury.

Reports.

Every evening she must give a written report to the Matron upon the events of the day, especially noting :—

The occurrence of fits, accidents, violence, complaints or any unusual circumstances.

What patients have been visited and by whom.

What patients have been beyond the grounds and with whom.

Names of patients in bed, refusing food, or under treatment.

Duration of seclusion (if any).

Illness of any of the Staff.

Medicines. (3) Drugs and medicines must be kept under lock and key in the cupboard for that purpose. The Sisters are responsible for their care and distribution.

Weighing. (4) All patients must be weighed monthly, and a record of the weights kept for reference.

Inventories. (5) Careful inventories of all the belongings of the patients, of the cutlery and household linen are to be kept by the Sisters and revised at least every six months.

Lists of the Linen sent to the wash each week must be kept, and if any articles are not returned within eight days written reports must be made to the Housekeeper.

Maintenance of order. (6) The Sisters are expected to maintain discipline during hours of duty, and to supervise efficiently the work of the nurses and maids in their wards. They are to teach the probationers their duties, and as far as possible assist in their training.

Instructions to deputy. (7) Before going off duty each Sister must fully inform her deputy respecting the needs of her patients, especially in the case of the sick or infirm.

Information necessary for the guidance of the night nurses must be written each evening in the night report book, and before leaving the ward the Sister must satisfy herself as to the safety and comfort of all her patients.

XXI.

New patients. (1) New patients should be treated with marked kindness. There should be no deception or con-

Meals

cealment as to where they are, but everything must be done to reassure and comfort them. They must be dealt with very cautiously until their habits and tendencies become known.

(2) Unless instructions to the contrary are received, every patient, as soon after admission as convenient, is to be given a bath by the Sister of the ward (vide Bathroom rules). She must be weighed and measured and her temperature taken, and her pulse and respirations counted. Report as to injuries or any abnormal conditions must be promptly made, in writing, to the Medical Officer on duty.

(3). The Sister in charge must also make a careful inventory of the clothing and other belongings of the patient; valuables and money must be taken to the office for registration, and knives, matches and other dangerous articles taken away and locked up safely.

XXII.

Meals.

(1) The Sisters are also responsible for the proper service of the meals required in the wards and in particular they are to supervise the feeding of the sick and infirm.

(2) In the event of a patient not taking sufficient food, report must be made to a Medical Officer at his next visit. Nurses are not to administer food forcibly under any circumstances. The utmost tact and patience must be exercised in such cases; small quantities only should be presented, and the reasonable wishes of the patient met as far as practicable.

(3) Waste must be avoided and no patient should be allowed to take too much food.

(4) No extra diet must be given without a written order from a Medical Officer.

(5) Knives and forks must be counted after every meal.

XXIII.

Bathing.

(1) The Sisters are personally responsible for the bathing of the patients.

(2) Every patient as soon after admission as possible, once each week afterwards, and immediately before discharge, shall have a warm bath unless a Medical Officer gives directions to the contrary. Any injuries, eruptions, or signs of disease that may be noticed must immediately be reported to the Matron.

(3) No patient refusing to take a bath shall be compelled to do so without medical authority. In all cases where compulsion is sanctioned the Matron must be informed when the bath is to be given. No patient's head is under any pretext to be forced under water.

(4) Without the sanction of a Medical Officer no patient shall be allowed to take a bath except in the presence of a nurse; nor shall a patient be left alone during any bathing operations.

(5) In preparing a bath the cold water is always to be turned on first and the hot water added afterwards until the bath reaches a temperature of not less than 90 and not more than 97 degrees of the thermometer, Fahrenheit scale. The ther-

thermometer is to be used in every bath and the temperature must never be guessed at, nor judged by the hand. In case the thermometer is injured or broken all bathing shall be suspended until another has been procured.

(6) Every patient after the weekly bath is to be provided with clean underclothing.

(7) The cases covering the taps are to be kept locked when the baths are not in use and no patient is ever to be permitted to turn on the water.

(8) Cold, shower, Turkish and all kinds of special baths are only to be given or allowed in accordance with orders from a Medical Officer.

XXIV.

Nursing at
night.

(1) The Night Sister is responsible for the welfare and safety of the female patients during the night. She must visit or cause to be visited each of the female wards at least once an hour, and shall pay particular attention to the sick and infirm, the suicidal, and those of unclean habits.

In the event of any sudden illness, unusual change, or unexpected death of a patient a Medical Officer must be at once informed.

(2) The night nurses must constantly be on guard against an outbreak of fire and be familiar with the position of and manner of using the fire appliances and escape staircases.

(3) The Night Sister shall see that the day nurses and maids are in their bedrooms, and lights extinguished, at the appointed time.

(4) Before going off duty the night sister must enter in the night report book in each ward particulars as to sleep and any change in the patients during the night, and she is to supply to the medical officers a detailed report of the events of the night in the book provided for the purpose.

XXV.

Nurses' daily duties.

(1) When on duty Nurses and Probationer are responsible to the Sisters, whose instructions they must faithfully carry out.

(2) They are not to leave the ward without the sister's permission.

(3) Punctuality in all the daily routine must be strictly observed.

(4) All works borrowed from the Nurses' library are to be duly entered in the book provided; they must not be left about nor lent to patients.

XXVI.

Lectures and Examinations.

Nurses must diligently attend the lectures, demonstrations and periodical examinations. They are expected to enter for the examination for the certificate of the Medico-psychological Association, and for the Certificate of Training given by the Retreat Committee.

XXVII.

Leave of absence.

All leave of absence is conditional upon the needs of the Institution. In case of emergency any nurse may be required to remain on duty.

Nurses must not absent themselves beyond the allotted time without the express sanction of the

Matron. If from illness or other cause a nurse cannot return at the appointed hour the Matron must be informed at once by wire or messenger.

XXVIII.

Precautions
against fire.

(1) Care, order, and cleanliness are the best preventives against fire, especially care with mineral and other inflammable oils and spirits, and with all movable lamps and candles.

(2) Protect all fireplaces with a guard. Coals should never be piled upon the top bar of a grate. Live coals must never be carried from one room to another. Ashes must not be thrown out until thoroughly extinguished. Do not leave wood to dry before a fire, or in an oven, during the night, nor leave clothes drying so that a coal could possibly reach them.

(3) Use only safety matches, and do not leave them lying about. See that every match used is quite extinguished before it is left. Matches may not be given to patients.

(4) All candles in use must be protected with a glass shade. No candle or gas flame must be so situated that a curtain or loose papers can be blown into it.

(5) Any smell of gas must be at once reported. Do not seek for the escape with a light. When an escape of gas is discovered, open all the doors and windows, extinguish all fires and lights, and turn off the gas at the meter.

(6) Gas in Patients' Bedrooms must be turned out by the tap outside.

(7) A smell of burning or an excess of smoke must be reported at once, and its source ascertained without delay.

(8) Fire buckets must always be kept full of water, and in the places appointed for them.

XXIX.

Instructions
in case of
fire.

1. Do not act hurriedly, but think first what is best to be done, and then prompt action may prevent a serious fire. The safety of the Patients must be the first consideration, and measures for extinguishing the fire the second.

2. The best way of extinguishing a small fire is to prevent the access of air to it, by smothering it with a rug, coat, counterpane, blanket, or heavy curtains, and then stamping upon it vigorously. In doing this women must be very careful of their own clothing. In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted; and that as large a surface as possible of the burning material must be covered with water lightly thrown over it. For this purpose a hand-pump is better than a bucket.

3. If the fire cannot be put out at once by these measures,

(i) Break the glass of the nearest Fire Alarm Box—this will summon the Fire Brigade and the Officers of the Retreat.

(ii) Call up the Nurses and Maids near at hand.

4. Close windows and doors near a fire, at once.

5. If smoke is thick, and it is necessary to pass along a passage or across a room, cover mouth and nose with a wet flannel, handkerchief, or stocking, and crawl along on hands and knees.

6. If the clothes catch fire, the person should immediately lie down upon a rug, blanket, or thick shawl, and roll it tightly round the limbs and body.

Rules for Nurses engaged in private nursing and having charge of patients outside the Institution.

The Rules for Nurses at the Retreat, except such as are, on the face of them, clearly inapplicable, regulate the conduct of Retreat nurses in charge of patients privately. Such nurses should remember that, though away from the Retreat, they still belong to it, and that their position is one which specially calls for loyalty to its traditions, and regard for its reputation.

The Medical Attendant responsible. 1. The nurse must look to the Medical Attendant for her instructions, and faithfully carry them out. She must inform him promptly and without reservation of everything of importance respecting the health and conduct of her patient.

Diary and reports. 2. The nurse must day by day enter in her diary all facts of importance relative to the case under her care. In particular, any points of difficulty which may arise must be promptly recorded. In acute cases the nurse must also keep a record of all the events of the day, noting details as to the mental and bodily condition of the patient. This record should be produced for the inspection of the Medical Attendant at each visit.

Patient not usually certified 3. Unlike the patients at the Retreat, who, as a rule, are certified as of unsound mind, patients under private care are usually not so certified, and in consequence there is seldom any legal authority for limiting their freedom.

A nurse must not, therefore, on her own responsibility, interfere with the freedom or with the correspondence of a patient. If circumstances render such course necessary it must only be taken under definite instructions from the Medical Attendant and of a responsible relative of the patient.

Letters. Letters addressed to the Medical Attendant, the legal adviser of the patient, or to the Commissioners in Lunacy, must not under any circumstances be delayed or interfered with.

Straight-forward dealing essential. 4. The observance of No. II. of the Retreat Rules, respecting straightforward dealing with patients, presents many difficulties in private nursing. The nurse is, however, strictly enjoined not to be party to any deception of a patient, and to avoid making promises she cannot perform.

Confidential position of nurse. 5. The confidential nature of the work must ever be borne in mind. The nurse must strictly abstain from gossip and avoid undue intimacy with any member of the household.

She should be careful not to give needless trouble in the house, and should make her own personal requirements as moderate as possible.

Suicidal patients. 6. The responsibility of declaring a patient to be suicidal rests with the Medical Attendant. In a doubtful case the nurse must ask him for clear and definite instructions in writing. No nurse must attempt the care of a patient requiring continuous observation unless sufficient relief is provided.

Seclusion.
Restraint.

7. The nurse must never on her own responsibility place a patient in seclusion or use any kind of mechanical restraint, unless there is imminent danger of serious accident and assistance cannot be obtained. In such cases the seclusion or restraint must only be maintained while the danger continues, and the fact that either has been resorted to must be reported with the least possible delay to the Medical Attendant. In every case in which seclusion or mechanical restraint is used a written report must also be made to the Medical Superintendent of the Retreat.

When in
difficulty.

8. If a nurse is asked, by whomsoever it may be, to do anything inconsistent with these rules she must communicate at once with the Matron or Medical Superintendent of the Retreat. She should also do so freely when in doubt as to her right course of action in any case. She must inform the Matron without delay, if from ill-health or any other reason she is unable properly to discharge her duties.

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STATUTORY PENALTIES.

LUNACY ACT, 1890. (Sec. 322 and Sec. 323).

“If any manager, officer, nurse, attendant, servant or other person employed in an Institution for lunatics, or any person having charge of a lunatic, illtreats or wilfully neglects a patient, he shall be guilty of misdemeanour, and, on conviction or indictment, shall be liable to fine or imprisonment at the discretion of the court, or be liable on summary conviction for every offence to a penalty not exceeding twenty pounds nor less than two pounds.”

“If any manager, officer or servant in an institution for lunatics wilfully permits, or assists, or connives at the escape or attempted escape of a patient, or secretes a patient, he shall for every offence be liable to a penalty not exceeding twenty pounds nor less than two pounds.”

TIME TABLE.

6-30 a.m.	Nurses' Breakfast.	} $\frac{1}{2}$ hour later on Sundays.
7-0 a.m.	Nurses on duty.	
7-30 a.m.	Sisters' Breakfast.	
7-50 a.m.	Night Nurses off duty.	<i>At</i>
8-0 a.m.	Sisters on duty. Night Nurses' Dinner.	
10-30 a.m.	Sister and Nurse on the Terrace.	
11-30 a.m.	Night Nurses in bed. (Wednesdays and Saturdays at 9 a.m.).	
12-0 noon.	First Dinner for Nurses.	
1-0 p.m.	Second Dinner for Nurses.	
1-15 p.m.	Sisters' Dinner.	
2-30 p.m.	Sister and Nurse on Terrace.	
4-30 p.m.	First Tea for Nurses.	
5-0 p.m.	Second Tea for Nurses.	
8-0 p.m.	Night Nurses' Breakfast.	
8-30 p.m.	Nurses' Supper. Night Nurses on duty (Wednesdays and Saturdays 9-0 p.m.).	
8-45 p.m.	Sisters' Supper.	
9-30 p.m.	Night Sister on duty.	
10-0 p.m.	Nurses in bedrooms.	
10-30 p.m.	Nurses in bed and lights out.	

LEAVE OF ABSENCE.

One half-day and one whole day on alternate weeks. A half-day on two consecutive Sundays: on the third Sunday one hour. Once in three weeks, four hours on Saturday or Monday. One hour each full working day exclusive of meal times.

Night Nurses—1 Night every three weeks.

HOLIDAYS.

Sisters—3 weeks.

Nurses—2 weeks, in 3rd and 4th years 3 weeks.

Special Probationers—3 weeks.

FIRE RULES.

Approved by the Retreat Committee, August, 1921.

Precautions Against Fire.

CARE, order and cleanliness are the best preventatives. Special care should be taken with all moveable lights and candles.

Beeswax and turpentine, floor polish, cleaning cloths and all other inflammable materials must be kept in safe places.

Waste paper and rubbish must never be allowed to accumulate.

Protect all fireplaces with a guard. Coals must never be piled upon a fire so that any can fall out as the fire burns away. Live coals must never be carried from one room to another.

Wood must not be left to dry before or near a fire.

Clothes which are drying must always be placed so that no spark or ember can possibly reach them.

Safety matches only may be used.

When candles are used they must be protected with glass shades.

Any smell of gas must be at once reported. Do not seek for an escape of gas with a light, but at once open all doors and windows, extinguish naked lights near at hand, and if the escape cannot be readily stopped turn off the gas at the meter. An escape from a defective pipe can be temporarily stopped by soap or putty. Gas in patient's bedrooms must be turned off by the tap outside whenever possible.

A smell of burning or unusual smoke must be immediately reported, and its source ascertained without a moment's delay.

Indoor Appliances for Use in case of Fire.

Every member of the Staff must be familiar with the position and manner of using the various appliances provided against fire.

The Charge Attendants and Ward Sisters are responsible for the appliances in their respective departments being in good working order, and in their appointed places. They are also required to see that the exit staircases are free from obstruction.

Should any piece of apparatus be defective, written information should be given at once to the Engineer.

In every department the following appliances are available :—

Fire Extinctors.

Fire Buckets.—These must always be kept full of water.

Foot Pumps—To be used with a fire bucket to give a jet of water.

Corridor Fire Pumps are on each landing, and can be wheeled as close as possible to the fire.

Hatchets to break windows if needed.

Exit Staircases—The keys to open the fire staircases will be found in glass boxes.

Automatic Fire Alarm Boxes are in every department, and in connection with some of them are automatic thermometers, which give an alarm directly the temperature reaches a certain point (*e.g.*, in the Joiner's Shop, Laundry and Steward's Office).

On breaking the glass in one of the alarm boxes, fire bells will ring among other places, in the following :—

Captain of Fire Brigade's House.

Deputy Captain's Room.

Superintendent's House.

Assistant Superintendent's House.

Secretary's House.

Nurses' Hostel.

Engineer's House.

Engineer's Basement.

First Gallery.

Nurses' Home.

Top Centre.

Lower Centre.

Gentleman's Lodge.

The fire bells ring continuously until the danger has passed or until the responsible official stops them.

Outside Appliances in case of Fire.

Every male servant must be thoroughly familiar with the position and manner of using the following appliances in case of fire :—

The Fire Hydrants.

The Hose and Branch Pipes.

The Fire Escapes and Ladders.

Fire drills will be frequently held, so that every attendant, artisan and male servant may know the exact position of the above appliances and be proficient in their use.

The Fire Brigade

consists of the Men's Captain, the Women's Captain, and their Deputies, together with two men and two women on special fire duty. They will have the assistance of the Indicator Officer in control of the telephones.

The Men's Captain will have three deputies, so that at any time, day or night, he, or a deputy, will be free to go to the site of a fire immediately an alarm is raised.

He is in charge of all operations in case of fire, and his orders are then binding on all the staff, except those with definitely assigned duties.

He is responsible for :—

- (1) Organisation of the Fire Brigade.
- (2) The training of the staff in the use of fire appliances and exit stairs.
- (3) Reporting all cases of neglect of fire duty, defects of apparatus, or anything that interferes with efficiency.
- (4) Once in three months, giving to the Committee a written report of his work.

When a fire occurs, the Captain and his deputies are to go immediately to it and endeavour to extinguish it. If it is too large to be put out readily, one of the deputies or other member of the brigade must at once organise the removal of all patients who are in prospective or actual danger, to a place of safety.

Meanwhile the Captain must supervise all efforts being made to extinguish the fire.

If he finds the fire is beyond control, he has authority, at his discretion, to call the York City Fire Brigade.

The respective duties of the men's captain, and the women's captain cannot be defined in advance, but they will have practised together so as to understand one another.

The women's captain will :—

- (1) Organise the women's section of the fire brigade.
- (2) Train the women's staff in the use of apparatus and exits.

The Women's Captain or her deputies are, in like manner, to proceed to the site of the fire immediately an alarm is given. The two members of the female staff on special fire duty are also to go immediately to the fire.

- (3) If the fire is on the Women's Side, the Women's Captain or, in her absence the senior deputy, must at once organise the removal of all women patients to a place of safety. If the fire is on the men's side, she will organise a constant supply of water and bring buckets, foot pumps, and extinguishers.

The Indicator Officer, or her deputy, will be in full authority in the front hall and be responsible for the indicator, the telephones, and the handing on of messages and orders.

If additional help is needed at the site of the fire, or anywhere else, the indicator officer will be able to summon assistance from portions of the institution not in danger.

All able-bodied members of the staff are to be familiar with the position and use of all the indoor apparatus and escape stairs. The respective captains will be responsible for preparing a rota, and they will submit at least once a week to the Superintendent, the names of members required for special fire duty. This will only be needed when the numbers of the staff on the premises are so reduced that none are free to give assistance in case of fire.

When the Fire Bells ring—

In the case of an alarm of fire, the following procedure is to be adopted :—

- (1) The Captains, Deputies, and those on special fire duty will proceed to the site of the fire.
- (2) Nurses, male and female, and ward maids will at once proceed to their respective wards, unless they are on special fire duty.
- (3) The Indicator Officer and Deputies take charge of the indicator and telephones, and hand on instructions issued by captains or deputies.
- (4) The artisans, gardeners, and those without special duties must wait in the front hall for instructions.

On Discovering a Fire

Attempt immediate extinction if the fire is within reach and it is small in compass

(a) By Smothering it—

The best way of extinguishing a small fire is to prevent access of air to it, by smothering it with a rug, coat, counterpane, blanket or heavy curtain, and then stamping upon it vigorously.

Women must be very careful of their own clothing in doing this, and remember that flannelette, cotton, and muslin are very inflammable.

(b) Throwing Water—

In throwing water over a fire, remember that unless a large supply is close at hand, the water must not be wasted, and that as large a surface as possible of the burning material should be wetted.

Bring one or more **Extinctors** to the fire, and direct the jet of water over the fire.

Supplement this with **Buckets** and **Foot Pump**, and the **Corridor Fire-pump**.

In case of **A SERIOUS OUTBREAK OF FIRE** which cannot be immediately extinguished

- (1) Break the glass of the nearest alarm box.
This should bring the fire brigade in less than two minutes.
- (2) Quietly call up the members of the staff near at hand, and send one to call the Medical Officers.
- (3) Take the following measures without waiting for assistance :-
 - (a) **If patients are in danger.**
 - (1) Open all bedroom doors, beginning with those nearest the fire.
 - (2) Open doors to exit stairs and leave them all open.
 - (b) **If no immediate danger to life.**
 - (1) Turn on water in nearest bath.
 - (2) Close all windows and doors near fire.
 - (3) Bring up Extinctors and Corridor Fire Pump.

SPECIAL POINTS.

The Safety of the Patients must be the first consideration.

Calm and Orderly Conduct on the part of the staff will inspire confidence in the patients and prevent panic. The patients and staff should be roused as quietly as possible. **Suicidal patients must not be left.**

When Smoke is thick.—If necessary to cross a room, or pass along a corridor, cover your mouth with wet flannel or stocking or handkerchief, and crawl on hands and knees.

Clothing on Fire.—The person must lie down, and be rolled tightly in a rug, blanket, or thick shawl.

Chimney on Fire.—Rake out fire and block chimney with wet sack, dust sheet, or anything that will cut off the supply of air yet will not burn readily.



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NURSES' WASHING.

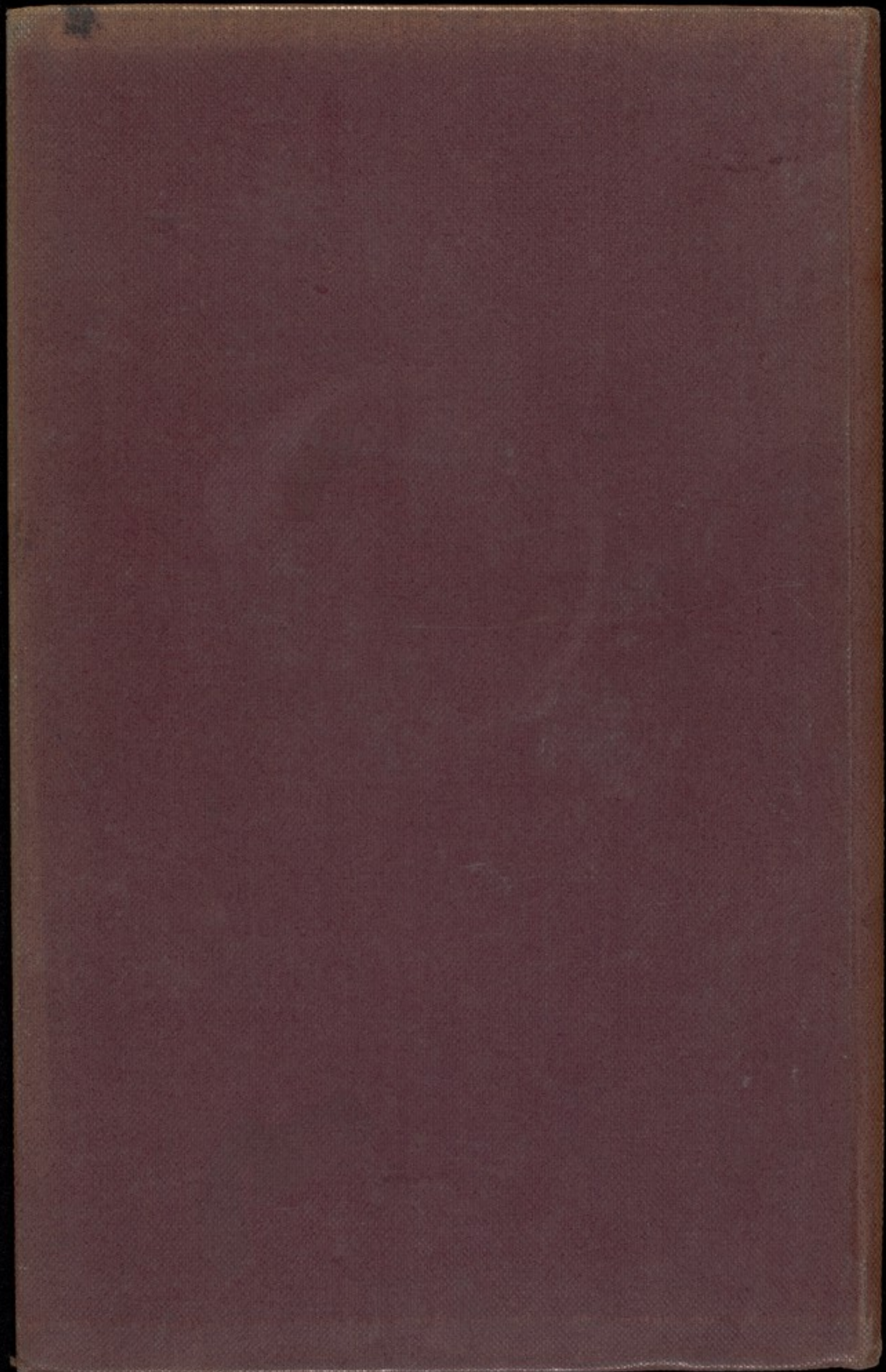
WEEKLY ALLOWANCE.

- 5 Aprons.
- 2 Collars.
- 3 Pairs of Cuffs.
- 1 Cap.
- 1 Pair of Stockings.
- 6 Handkerchiefs.
- 6 Articles of Underclothing.
- 1 Dress.

EVERYTHING TO BE MARKED PLAINLY.

A LIST MUST BE SENT.

NO WHITE PETTICOATS, BLOUSES, DRESSES,
OR FANCY WASHING.



Rules for Nurses
AT
The Retreat, York.

NOTICE.

This book is the property of the Institution, and if lost, destroyed, or rendered unfit for future use, the person responsible for it will be liable to a fine of five shillings.

It must on no account be taken away from the Hospital except when a nurse is engaged in outside work, and it must not be shewn to any patient.

✓

Ord.
May
Aug

DATE.

NAME.

Oct. 31st 1925 Nurse B. Irwin. B. 101

May 15th 1930 " M. L. Farley.

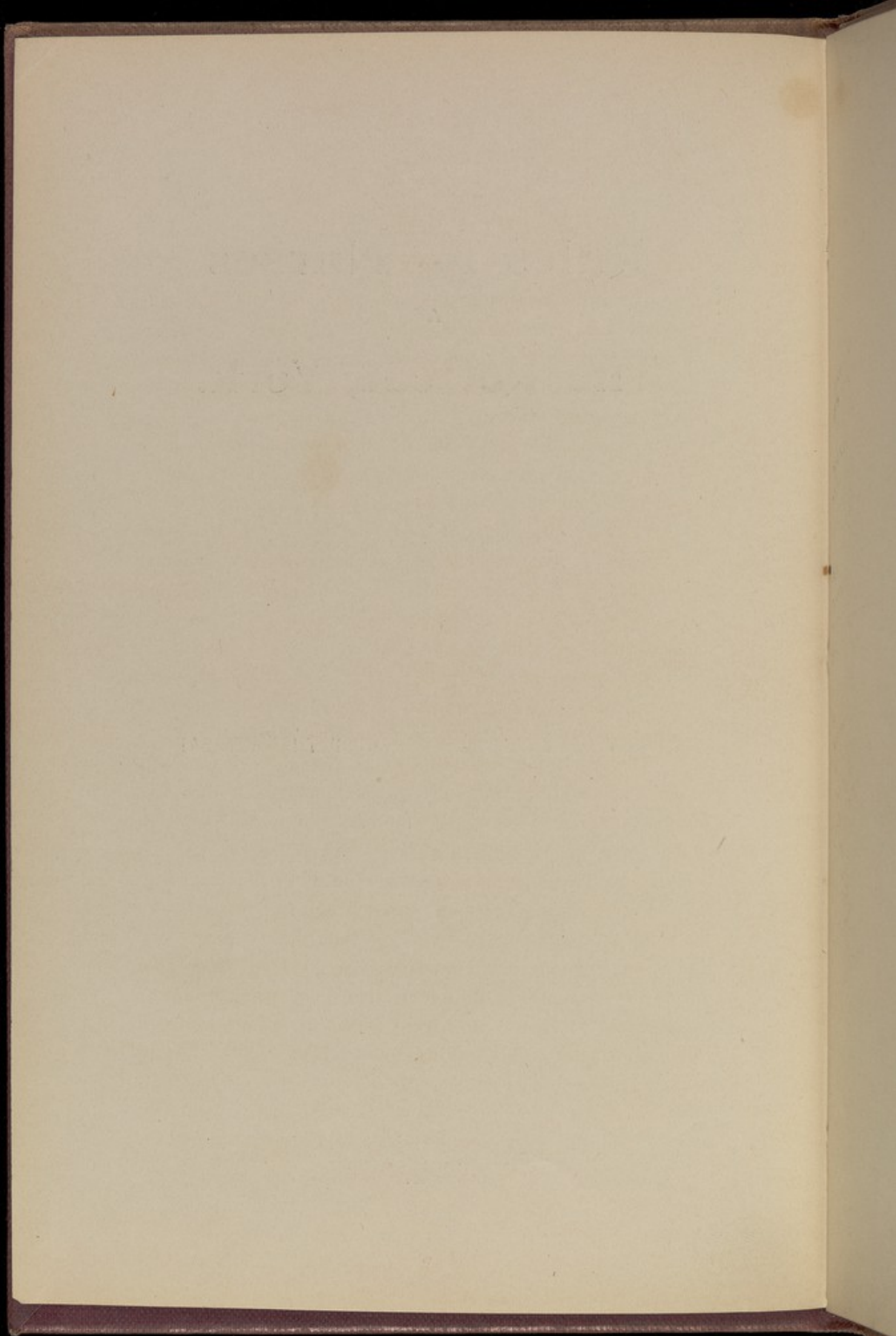
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Rules for Nurses
AT
The Retreat, York.

APPROVED BY THE COMMITTEE OF THE RETREAT
MAY 13TH, 1902

YORK:
William Sessions, Printer, 30, Coney Street.
1902.



INTRODUCTION.

The Retreat was founded in 1792 by William Tuke, Lindley Murray, and other members of the Society of Friends, in order to provide a home for the care of persons afflicted in mind, where they would be treated, not with the harsh methods then customary, but with kindness and sympathy. It was, moreover, the first Institution for the Insane in this country to adopt and carry out such humane treatment, and the principles then adopted are now generally recognised.

From the first, persons were admitted at nominal rates and in many cases without any payment whatsoever. The charitable aims of the founders are still kept in view, and about one-third of the patients are received at rates much below their cost.

The government of the Retreat is vested in 40 Directors who appoint the Committee of Management ; the Directors and Committee rendering purely honorary service.

The Committee are wishful that the high ideals of the founders should ever influence the Staff, so that the traditions of the Retreat may be worthily upheld. For its good management, due order and discipline are necessary, and the following Rules and Instructions have accordingly been drawn up with the intention of assisting the Nurses in the faithful and intelligent execution of their duties.

The Committee recognise that the work of nursing the insane is frequently arduous, and calls for much self-denial and patience. Mental disorder is one of the saddest forms of human affliction, and those who honestly strive to alleviate this suffering, and to minister to the needs of the afflicted in mind, are undoubtedly performing true Christian service. The Committee extend to the nurses warm sympathy and encouragement in their work.

RULES FOR NURSES.

I.

General observations on the treatment of patients.

It must always be remembered that the comfort and happiness of the patients, and in many cases the prospect of their recovery, largely depend upon the manner in which the nurses perform their duties.

Kindness, tact, firmness and good temper; thoughtful attention to duty, patient obedience to orders, kindly interest in each patient, and orderly neatness in ward duties are the characteristics of every good nurse.

II.

Straight-forwardness essential.

It should be the aim of every nurse to win the confidence and respect of patients under her care; this can only be attained by being straightforward and upright in all her dealings with them. Nurses must never make promises which they cannot perform, and must always avoid deception and prevarication.

III.

The patients must always be treated with uniform kindness.

Penalties for unkindness.

Any ill-treatment, unkindness or harshness in word or deed will render a nurse liable to immediate suspension and subsequent dismissal. The penalties imposed by law for illtreating or wilfully neglecting a patient are stated in the appendix. (See page 15).

A nurse concealing the ill-treatment of a patient by another nurse will be considered equally guilty.

When it is necessary to exercise authority over patients the nurse must never be peremptory or speak harshly: firmness must be associated with gentleness of manner, having due regard to the patient's feelings and limitations.

IV.

Control of
violent
patients.

Should it be absolutely necessary to control a violent patient, additional assistance must be procured. When the patient sees that resistance is useless she will seldom attempt it.

No nurse must ever struggle single handed with a patient except under grave emergency.

Should a struggle be unavoidable the knees or elbows must never be placed upon the body of the patient.

V.

Care of
Suicidal
Cases.

Special "Suicidal notices" are issued by the medical officers for every patient disposed to self-injury, and each nurse in the ward is required to sign an acknowledgement.

When the notice says the patient is to be under "continuous observation," she must not be left alone on any pretext, day or night. "Close observation" means less rigid supervision; the nurse must know where the patient is and what she is doing, and must closely, but not necessarily continuously, observe her actions.

VI.

Seclusion
and restraint.

Seclusion is defined by the Commissioners in Lunacy as "the enforced isolation of a patient by day, between the hours of 7 a.m. and 7 p.m., by the closing, by any means whatsoever, of the door of the room in which the patient is." No patient

may be secluded without the sanction of a medical officer.

No patient may be restrained by any mechanical means whatever unless the Medical Superintendent should expressly direct the same.

VII.

Occupations
of patients.

Nurses must encourage patients to occupy themselves usefully, and, as far as their duties permit, assist in their amusements and other pursuits. They must not restrict amusements to the more intelligent, but endeavour to rouse the interest of all.

VIII.

No favourites. Nurses must refrain from making favourites of individual patients and avoid undue intimacy with any of them.

IX.

Attitude
towards
delusions.

Nurses should avoid talking to patients on the subject of their delusions and on no account argue with them, but on the contrary endeavour to interest them in other matters, or in some other way divert their attention. It must, however, be remembered that nurses have constant opportunities of observing the patient's mental condition, and it is an important part of their duty to inform the Medical Officer of any concealed delusions or peculiarity.

X.

Exercise.
Fresh air.

Every patient must be encouraged to take a liberal amount of exercise daily in the open air.

Pure air in the wards and dormitories is of first importance; the various rooms and corridors must be freely ventilated, and all windows should be open whenever possible, consistently with the comfort of the patients.

XI.

Cleanliness. Nurses are reminded that thorough cleanliness is of the utmost importance for the maintenance of the health of the household.

Rubbish must not be allowed to accumulate, and soiled clothing must be immediately removed from the bedrooms. It is a nurse's duty to fight dirt as well as disease.

XII.

Keys and knives.

Keys must be displayed as little as possible and care must be taken to avoid noise in using them. Pass-keys are not to be lent to patients. Any nurse losing keys, knives, or scissors, must instantly report the loss. The leave of all nurses in the department may be stopped until the lost articles are recovered.

Nurses going beyond the grounds must leave their keys with the gatekeeper.

XIII.

Confidential position.

Nurses in the Retreat must understand that they hold a confidential and responsible position. They are strictly forbidden to gossip about the patients or their doings, and the names of the patients must not be mentioned in the presence of strangers. Correspondence with the friends of the patients is not allowed.

XIV.

Letters.

The letters written by patients are to be placed in the box for the purpose, or given to one of the medical officers. Nurses are not permitted to post letters for patients nor to assist them to

communicate with persons outside the institution, except when authorised by the Medical Superintendent.

XV.

Visitors. No nurse may entertain any visitor, nor may a visitor be admitted to see the Institution, or have access to any of the galleries or dayrooms without the permission of the Matron or one of the Medical Officers.

XVI.

Gratuities. Nurses are not allowed to receive perquisites of any kind, nor to buy or to sell anything from or to the patients, nor to receive gifts or money from the patients or their friends, nor from visitors to the Institution without the consent of the Medical Superintendent.

XVII.

Male and female departments. Without special authority attendants and men servants are not to be admitted to the galleries, day-rooms, or private pleasure grounds on the women's side; nor must nurses enter the men's departments.

Before breakfast and after sunset, nurses are not allowed to use the general pleasure grounds, but only the private gardens used by the female patients, viz.—the terrace, West Villa and Ladies' Inner Gardens.

XVIII.

Stimulants. Nurses whilst on the Retreat premises, are required to abstain from alcoholic beverages, unless prescribed for medicinal purposes by one of the Medical Officers.

XIX.

Loyalty to
Retreat.

If any servant of the Retreat is aware of serious misconduct on the part of any one employed in the Institution, a report must be made to one of the officers. It follows therefore that any ill-treatment of a patient or anything likely to injure the patients or the property of the Retreat, or that may bring discredit upon the Institution must be reported without delay to the Medical Superintendent or his deputy.

XX.

General
duties of
Sisters.

(1) The Sisters are responsible for the welfare of the patients in their wards and the good order of the rooms, furniture and clothing.

(2) The Sisters must immediately report to a Medical Officer any unusual illness, accident or injury.

Reports.

Every evening she must give a written report to the Matron upon the events of the day, especially noting :—

The occurrence of fits, accidents, violence, complaints or any unusual circumstances.

What patients have been visited and by whom.

What patients have been beyond the grounds and with whom.

Names of patients in bed, refusing food, or under treatment.

Duration of seclusion (if any).

Illness of any of the Staff.

Medicines. (3) Drugs and medicines must be kept under lock and key in the cupboard for that purpose. The Sisters are responsible for their care and distribution.

Weighing. (4) All patients must be weighed monthly, and a record of the weights kept for reference.

Inventories. (5) Careful inventories of all the belongings of the patients, of the cutlery and household linen are to be kept by the Sisters and revised at least every six months.

Lists of the Linen sent to the wash each week must be kept, and if any articles are not returned within eight days written reports must be made to the Housekeeper.

Maintenance of order. (6) The Sisters are expected to maintain discipline during hours of duty, and to supervise efficiently the work of the nurses and maids in their wards. They are to teach the probationers their duties, and as far as possible assist in their training.

Instructions to deputy. (7) Before going off duty each Sister must fully inform her deputy respecting the needs of her patients, especially in the case of the sick or infirm.

Information necessary for the guidance of the night nurses must be written each evening in the night report book, and before leaving the ward the Sister must satisfy herself as to the safety and comfort of all her patients.

XXI.

New patients. (1) New patients should be treated with marked kindness. There should be no deception or con-

cealment as to where they are, but everything must be done to reassure and comfort them. They must be dealt with very cautiously until their habits and tendencies become known.

(2) Unless instructions to the contrary are received, every patient, as soon after admission as convenient, is to be given a bath by the Sister of the ward (vide Bathroom rules). She must be weighed and measured and her temperature taken, and her pulse and respirations counted. Report as to injuries or any abnormal conditions must be promptly made, in writing, to the Medical Officer on duty.

(3). The Sister in charge must also make a careful inventory of the clothing and other belongings of the patient; valuables and money must be taken to the office for registration, and knives, matches and other dangerous articles taken away and locked up safely.

XXII.

Meals.

(1) The Sisters are also responsible for the proper service of the meals required in the wards and in particular they are to supervise the feeding of the sick and infirm.

(2) In the event of a patient not taking sufficient food, report must be made to a Medical Officer at his next visit. Nurses are not to administer food forcibly under any circumstances. The utmost tact and patience must be exercised in such cases; small quantities only should be presented, and the reasonable wishes of the patient met as far as practicable.

(3) Waste must be avoided and no patient should be allowed to take too much food.

(4) No extra diet must be given without a written order from a Medical Officer.

(5) Knives and forks must be counted after every meal.

XXIII.

Bathing.

(1) The Sisters are personally responsible for the bathing of the patients.

(2) Every patient as soon after admission as possible, once each week afterwards, and immediately before discharge, shall have a warm bath unless a Medical Officer gives directions to the contrary. Any injuries, eruptions, or signs of disease that may be noticed must immediately be reported to the Matron.

(3) No patient refusing to take a bath shall be compelled to do so without medical authority. In all cases where compulsion is sanctioned the Matron must be informed when the bath is to be given. No patient's head is under any pretext to be forced under water.

(4) Without the sanction of a Medical Officer no patient shall be allowed to take a bath except in the presence of a nurse; nor shall a patient be left alone during any bathing operations.

(5) In preparing a bath the cold water is always to be turned on first and the hot water added afterwards until the bath reaches a temperature of not less than 90 and not more than 97 degrees of the thermometer, Fahrenheit scale. The ther-

thermometer is to be used in every bath and the temperature must never be guessed at, nor judged by the hand. In case the thermometer is injured or broken all bathing shall be suspended until another has been procured.

(6) Every patient after the weekly bath is to be provided with clean underclothing.

(7) The cases covering the taps are to be kept locked when the baths are not in use and no patient is ever to be permitted to turn on the water.

(8) Cold, shower, Turkish and all kinds of special baths are only to be given or allowed in accordance with orders from a Medical Officer.

XXIV.

Nursing at night.

(1) The Night Sister is responsible for the welfare and safety of the female patients during the night. She must visit or cause to be visited each of the female wards at least once an hour, and shall pay particular attention to the sick and infirm, the suicidal, and those of unclean habits.

In the event of any sudden illness, unusual change, or unexpected death of a patient a Medical Officer must be at once informed.

(2) The night nurses must constantly be on guard against an outbreak of fire and be familiar with the position of and manner of using the fire appliances and escape staircases.

(3) The Night Sister shall see that the day nurses and maids are in their bedrooms, and lights extinguished, at the appointed time.

(4) Before going off duty the night sister must enter in the night report book in each ward particulars as to sleep and any change in the patients during the night, and she is to supply to the medical officers a detailed report of the events of the night in the book provided for the purpose.

XXV.

Nurses' daily duties.

(1) When on duty Nurses and Probationer are responsible to the Sisters, whose instructions they must faithfully carry out.

(2) They are not to leave the ward without the sister's permission.

(3) Punctuality in all the daily routine must be strictly observed.

(4) All works borrowed from the Nurses' library are to be duly entered in the book provided; they must not be left about nor lent to patients.

XXVI.

Lectures and Examinations.

Nurses must diligently attend the lectures, demonstrations and periodical examinations. They are expected to enter for the examination for the certificate of the Medico-psychological Association, and for the Certificate of Training given by the Retreat Committee.

XXVII.

Leave of absence.

All leave of absence is conditional upon the needs of the Institution. In case of emergency any nurse may be required to remain on duty.

Nurses must not absent themselves beyond the allotted time without the express sanction of the

Matron. If from illness or other cause a nurse cannot return at the appointed hour the Matron must be informed at once by wire or messenger.

XXVIII.

Precautions
against fire.

(1) Care, order, and cleanliness are the best preventives against fire, especially care with mineral and other inflammable oils and spirits, and with all movable lamps and candles.

(2) Protect all fireplaces with a guard. Coals should never be piled upon the top bar of a grate. Live coals must never be carried from one room to another. Ashes must not be thrown out until thoroughly extinguished. Do not leave wood to dry before a fire, or in an oven, during the night, nor leave clothes drying so that a coal could possibly reach them.

(3) Use only safety matches, and do not leave them lying about. See that every match used is quite extinguished before it is left. Matches may not be given to patients.

(4) All candles in use must be protected with a glass shade. No candle or gas flame must be so situated that a curtain or loose papers can be blown into it.

(5) Any smell of gas must be at once reported. Do not seek for the escape with a light. When an escape of gas is discovered, open all the doors and windows, extinguish all fires and lights, and turn off the gas at the meter.

(6) Gas in Patients' Bedrooms must be turned out by the tap outside.

(7) A smell of burning or an excess of smoke must be reported at once, and its source ascertained without delay.

(8) Fire buckets must always be kept full of water, and in the places appointed for them.

XXIX.

Instructions
in case of
fire.

1. Do not act hurriedly, but think first what is best to be done, and then prompt action may prevent a serious fire. The safety of the Patients must be the first consideration, and measures for extinguishing the fire the second.

2. The best way of extinguishing a small fire is to prevent the access of air to it, by smothering it with a rug, coat, counterpane, blanket, or heavy curtains, and then stamping upon it vigorously. In doing this women must be very careful of their own clothing. In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted; and that as large a surface as possible of the burning material must be covered with water lightly thrown over it. For this purpose a hand-pump is better than a bucket.

3. If the fire cannot be put out at once by these measures,

(i) Break the glass of the nearest Fire Alarm Box—this will summon the Fire Brigade and the Officers of the Retreat.

(ii) Call up the Nurses and Maids near at hand.

4. Close windows and doors near a fire, at once.

5. If smoke is thick, and it is necessary to pass along a passage or across a room, cover mouth and nose with a wet flannel, handkerchief, or stocking, and crawl along on hands and knees.

6. If the clothes catch fire, the person should immediately lie down upon a rug, blanket, or thick shawl, and roll it tightly round the limbs and body.

Rules for Nurses engaged in private nursing and having charge of patients outside the Institution.

The Rules for Nurses at the Retreat, except such as are, on the face of them, clearly inapplicable, regulate the conduct of Retreat nurses in charge of patients privately. Such nurses should remember that, though away from the Retreat, they still belong to it, and that their position is one which specially calls for loyalty to its traditions, and regard for its reputation.

The Medical
Attendant
responsible.

1. The nurse must look to the Medical Attendant for her instructions, and faithfully carry them out. She must inform him promptly and without reservation of everything of importance respecting the health and conduct of her patient.

Diary and
reports.

2. The nurse must day by day enter in her diary all facts of importance relative to the case under her care. In particular, any points of difficulty which may arise must be promptly recorded. In acute cases the nurse must also keep a record of all the events of the day, noting details as to the mental and bodily condition of the patient. This record should be produced for the inspection of the Medical Attendant at each visit.

Patient not
usually
certified

3. Unlike the patients at the Retreat, who, as a rule, are certified as of unsound mind, patients under private care are usually not so certified, and in consequence there is seldom any legal authority for limiting their freedom.

A nurse must not, therefore, on her own responsibility, interfere with the freedom or with the correspondence of a patient. If circumstances render such course necessary it must only be taken under definite instructions from the Medical Attendant and of a responsible relative of the patient.

Letters.

Letters addressed to the Medical Attendant, the legal adviser of the patient, or to the Commissioners in Lunacy, must not under any circumstances be delayed or interfered with.

Straight-forward dealing essential.

4. The observance of No. II. of the Retreat Rules, respecting straightforward dealing with patients, presents many difficulties in private nursing. The nurse is, however, strictly enjoined not to be party to any deception of a patient, and to avoid making promises she cannot perform.

Confidential position of nurse.

5. The confidential nature of the work must ever be borne in mind. The nurse must strictly abstain from gossip and avoid undue intimacy with any member of the household.

She should be careful not to give needless trouble in the house, and should make her own personal requirements as moderate as possible.

Suicidal patients.

6. The responsibility of declaring a patient to be suicidal rests with the Medical Attendant. In a doubtful case the nurse must ask him for clear and definite instructions in writing. No nurse must attempt the care of a patient requiring continuous observation unless sufficient relief is provided.

Seclusion.
Restraint.

7. The nurse must never on her own responsibility place a patient in seclusion or use any kind of mechanical restraint, unless there is imminent danger of serious accident and assistance cannot be obtained. In such cases the seclusion or restraint must only be maintained while the danger continues, and the fact that either has been resorted to must be reported with the least possible delay to the Medical Attendant. In every case in which seclusion or mechanical restraint is used a written report must also be made to the Medical Superintendent of the Retreat.

When in
difficulty.

8. If a nurse is asked, by whomsoever it may be, to do anything inconsistent with these rules she must communicate at once with the Matron or Medical Superintendent of the Retreat. She should also do so freely when in doubt as to her right course of action in any case. She must inform the Matron without delay, if from ill-health or any other reason she is unable properly to discharge her duties.

STATUTORY PENALTIES.

LUNACY ACT, 1890. (Sec. 322 and Sec. 323).

“If any manager, officer, nurse, attendant, servant or other person employed in an Institution for lunatics, or any person having charge of a lunatic, illtreats or wilfully neglects a patient, he shall be guilty of misdemeanour, and, on conviction or indictment, shall be liable to fine or imprisonment at the discretion of the court, or be liable on summary conviction for every offence to a penalty not exceeding twenty pounds nor less than two pounds.”

“If any manager, officer or servant in an institution for lunatics wilfully permits, or assists, or connives at the escape or attempted escape of a patient, or secretes a patient, he shall for every offence be liable to a penalty not exceeding twenty pounds nor less than two pounds.”

TIME TABLE.

6-30 a.m.	Nurses' Breakfast.	} $\frac{1}{2}$ hour later on Sundays.
7-0 a.m.	Nurses on duty.	
7-30 a.m.	Sisters' Breakfast.	
7-50 a.m.	Night Nurses off duty.	
8-0 a.m.	Sisters on duty. Night Nurses' Dinner.	
10-30 a.m.	Sister and Nurse on the Terrace.	
11-30 a.m.	Night Nurses in bed. (Wednesdays and Saturdays at 9 a.m.).	
12-0 noon.	First Dinner for Nurses.	
1-0 p.m.	Second Dinner for Nurses.	
1-15 p.m.	Sisters' Dinner.	
2-30 p.m.	Sister and Nurse on Terrace.	
4-30 p.m.	First Tea for Nurses.	
5-0 p.m.	Second Tea for Nurses.	
8-0 p.m.	Night Nurses' Breakfast.	
8-30 p.m.	Nurses' Supper. Night Nurses on duty (Wednesdays and Saturdays 9-0 p.m).	
8-45 p.m.	Sisters' Supper.	
9-30 p.m.	Night Sister on duty.	
10-0 p.m.	Nurses in bedrooms.	
10-30 p.m.	Nurses in bed and lights out.	

LEAVE OF ABSENCE.

One half-day and one whole day on alternate weeks. A half-day on two consecutive Sundays: on the third Sunday one hour. Once in three weeks, four hours on Saturday or Monday. One hour each full working day exclusive of meal times.

Night Nurses—1 Night every three weeks.

HOLIDAYS.

Sisters—3 weeks.

Nurses—2 weeks, in 3rd and 4th years 3 weeks.

Special Probationers—3 weeks.

FIRE RULES.

Approved by the Retreat Committee, August, 1921.

Precautions Against Fire.

CARE, order and cleanliness are the best preventatives. Special care should be taken with all moveable lights and candles.

Beeswax and turpentine, floor polish, cleaning cloths and all other inflammable materials must be kept in safe places.

Waste paper and rubbish must never be allowed to accumulate.

Protect all fireplaces with a guard. Coals must never be piled upon a fire so that any can fall out as the fire burns away. Live coals must never be carried from one room to another.

Wood must not be left to dry before or near a fire.

Clothes which are drying must always be placed so that no spark or ember can possibly reach them.

Safety matches only may be used.

When candles are used they must be protected with glass shades.

Any smell of gas must be at once reported. Do not seek for an escape of gas with a light, but at once open all doors and windows, extinguish naked lights near at hand, and if the escape cannot be readily stopped turn off the gas at the meter. An escape from a defective pipe can be temporarily stopped by soap or putty. Gas in patient's bedrooms must be turned off by the tap outside whenever possible.

A smell of burning or unusual smoke must be immediately reported, and its source ascertained without a moment's delay.

Indoor Appliances for Use in case of Fire.

Every member of the Staff must be familiar with the position and manner of using the various appliances provided against fire.

The Charge Attendants and Ward Sisters are responsible for the appliances in their respective departments being in good working order, and in their appointed places. They are also required to see that the exit staircases are free from obstruction.

Should any piece of apparatus be defective, written information should be given at once to the Engineer.

In every department the following appliances are available :—

Fire Extinctors.

Fire Buckets.—These must always be kept full of water.

Foot Pumps—To be used with a fire bucket to give a jet of water.

Corridor Fire Pumps are on each landing, and can be wheeled as close as possible to the fire.

Hatchets to break windows if needed.

Exit Staircases—The keys to open the fire staircases will be found in glass boxes.

Automatic Fire Alarm Boxes are in every department, and in connection with some of them are automatic thermometers, which give an alarm directly the temperature reaches a certain point (*e.g.*, in the Joiner's Shop, Laundry and Steward's Office).

On breaking the glass in one of the alarm boxes, fire bells will ring among other places, in the following :—

Captain of Fire Brigade's House.
 Deputy Captain's Room.
 Superintendent's House.
 Assistant Superintendent's House.
 Secretary's House.
 Nurses' Hostel.
 Engineer's House.
 Engineer's Basement.
 First Gallery.
 Nurses' Home.
 Top Centre.
 Lower Centre.
 Gentleman's Lodge.

The fire bells ring continuously until the danger has passed or until the responsible official stops them.

Outside Appliances in case of Fire.

Every male servant must be thoroughly familiar with the position and manner of using the following appliances in case of fire :—

The Fire Hydrants.

The Hose and Branch Pipes.

The Fire Escapes and Ladders.

Fire drills will be frequently held, so that every attendant, artisan and male servant may know the exact position of the above appliances and be proficient in their use.

The Fire Brigade

consists of the Men's Captain, the Women's Captain, and their Deputies, together with two men and two women on special fire duty. They will have the assistance of the Indicator Officer in control of the telephones.

The Men's Captain will have three deputies, so that at any time, day or night, he, or a deputy, will be free to go to the site of a fire immediately an alarm is raised.

He is in charge of all operations in case of fire, and his orders are then binding on all the staff, except those with definitely assigned duties.

He is responsible for :—

- (1) Organisation of the Fire Brigade.
- (2) The training of the staff in the use of fire appliances and exit stairs.
- (3) Reporting all cases of neglect of fire duty, defects of apparatus, or anything that interferes with efficiency.
- (4) Once in three months, giving to the Committee a written report of his work.

When a fire occurs, the Captain and his deputies are to go immediately to it and endeavour to extinguish it. If it is too large to be put out readily, one of the deputies or other member of the brigade must at once organise the removal of all patients who are in prospective or actual danger, to a place of safety.

Meanwhile the Captain must supervise all efforts being made to extinguish the fire.

If he finds the fire is beyond control, he has authority, at his discretion, to call the York City Fire Brigade.

The respective duties of the men's captain, and the women's captain cannot be defined in advance, but they will have practised together so as to understand one another.

The women's captain will :—

- (1) Organise the women's section of the fire brigade.
- (2) Train the women's staff in the use of apparatus and exits.

The Women's Captain or her deputies are, in like manner, to proceed to the site of the fire immediately an alarm is given. The two members of the female staff on special fire duty are also to go immediately to the fire.

- (3) If the fire is on the Women's Side, the Women's Captain or, in her absence the senior deputy, must at once organise the removal of all women patients to a place of safety. If the fire is on the men's side, she will organise a constant supply of water and bring buckets, foot pumps, and extinguishers.

The Indicator Officer, or her deputy, will be in full authority in the front hall and be responsible for the indicator, the telephones, and the handing on of messages and orders.

If additional help is needed at the site of the fire, or anywhere else, the indicator officer will be able to summon assistance from portions of the institution not in danger.

All able-bodied members of the staff are to be familiar with the position and use of all the indoor apparatus and escape stairs. The respective captains will be responsible for preparing a rota, and they will submit at least once a week to the Superintendent, the names of members required for special fire duty. This will only be needed when the numbers of the staff on the premises are so reduced that none are free to give assistance in case of fire.

When the Fire Bells ring—

In the case of an alarm of fire, the following procedure is to be adopted :—

- (1) The Captains, Deputies, and those on special fire duty will proceed to the site of the fire.
- (2) Nurses, male and female, and ward maids will at once proceed to their respective wards, unless they are on special fire duty.
- (3) The Indicator Officer and Deputies take charge of the indicator and telephones, and hand on instructions issued by captains or deputies.
- (4) The artisans, gardeners, and those without special duties must wait in the front hall for instructions.

On Discovering a Fire

Attempt immediate extinction if the fire is within reach and it is small in compass

(a) By Smothering it—

The best way of extinguishing a small fire is to prevent access of air to it, by smothering it with a rug, coat, counterpane, blanket or heavy curtain, and then stamping upon it vigorously.

Women must be very careful of their own clothing in doing this, and remember that flannelette, cotton, and muslin are very inflammable.

(b) Throwing Water—

In throwing water over a fire, remember that unless a large supply is close at hand, the water must not be wasted, and that as large a surface as possible of the burning material should be wetted.

Bring one or more **Extinctors** to the fire, and direct the jet of water over the fire.

Supplement this with **Buckets** and **Foot Pump**, and the **Corridor Fire-pump**.

In case of **A SERIOUS OUTBREAK OF FIRE** which cannot be immediately extinguished

- (1) Break the glass of the nearest alarm box.
This should bring the fire brigade in less than two minutes.
- (2) Quietly call up the members of the staff near at hand, and send one to call the Medical Officers.
- (3) Take the following measures without waiting for assistance :-
 - (a) **If patients are in danger.**
 - (1) Open all bedroom doors, beginning with those nearest the fire.
 - (2) Open doors to exit stairs and leave them all open.
 - (b) **If no immediate danger to life.**
 - (1) Turn on water in nearest bath.
 - (2) Close all windows and doors near fire.
 - (3) Bring up Extinctors and Corridor Fire Pump.

SPECIAL POINTS.

The Safety of the Patients must be the first consideration.

Calm and Orderly Conduct on the part of the staff will inspire confidence in the patients and prevent panic. The patients and staff should be roused as quietly as possible. **Suicidal patients must not be left.**

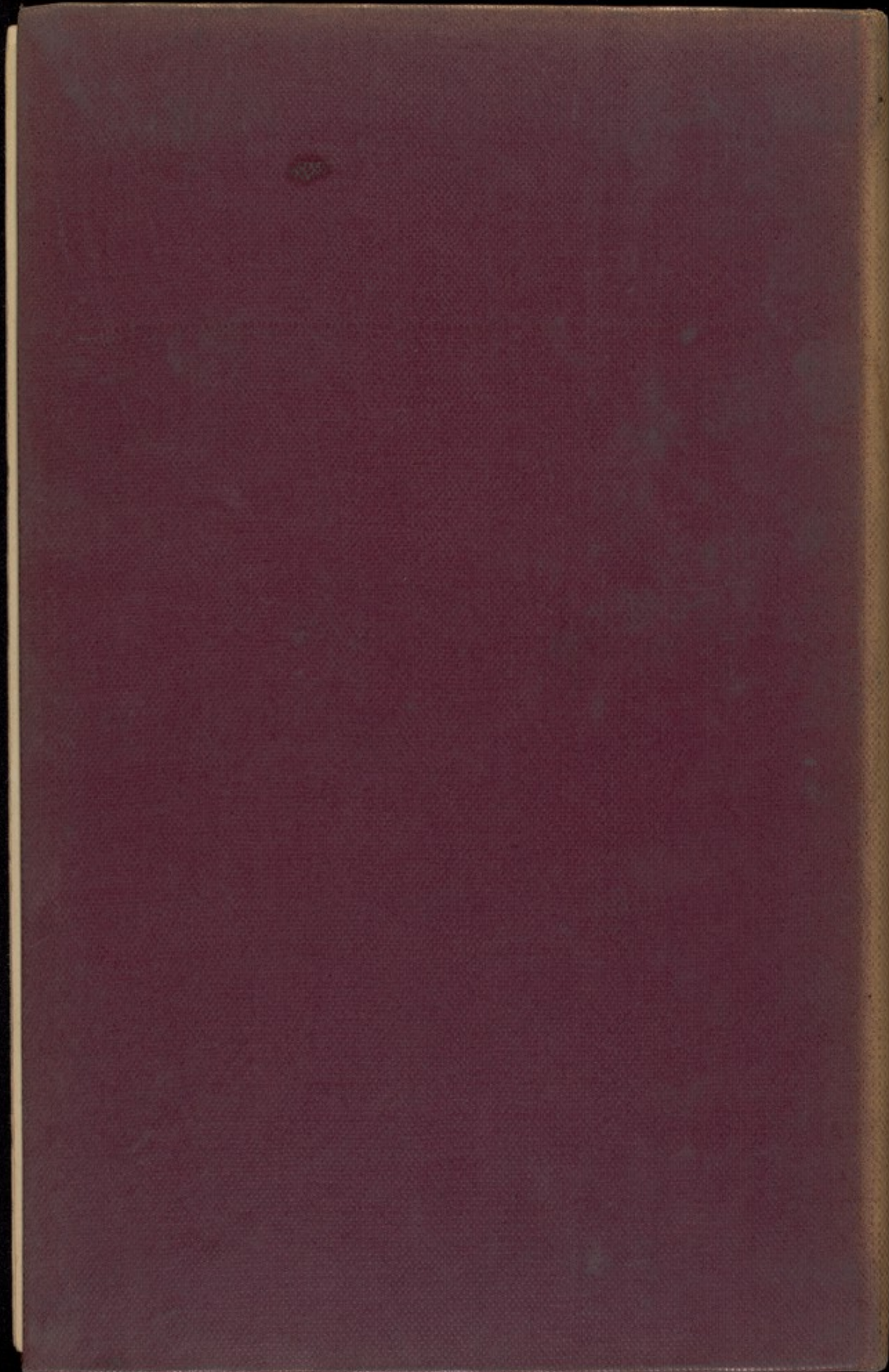
When Smoke is thick.—If necessary to cross a room, or pass along a corridor, cover your mouth with wet flannel or stocking or handkerchief, and crawl on hands and knees.

Clothing on Fire.—The person must lie down, and be rolled tightly in a rug, blanket, or thick shawl.

Chimney on Fire.—Rake out fire and block chimney with wet sack, dust sheet, or anything that will cut off the supply of air yet will not burn readily.



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Rules for Nurses
AT
The Retreat, York.

NOTICE.

This book is the property of the Institution, and if lost, destroyed, or rendered unfit for future use, the person responsible for it will be liable to a fine of five shillings.

It must on no account be taken away from the Hospital except when a nurse is engaged in outside work, and it must not be shewn to any patient.

Nov

May

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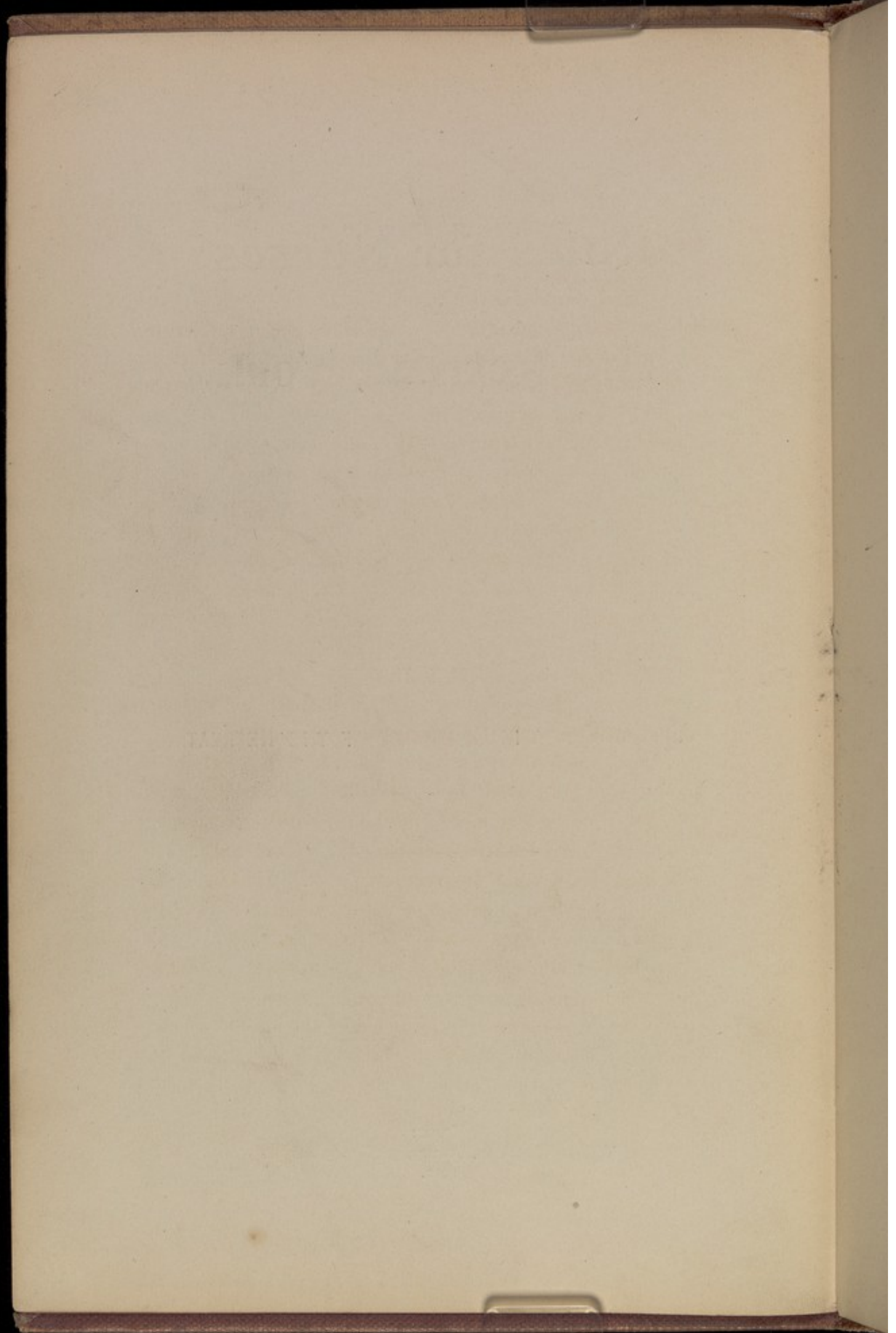
DATE.		NAME.
Nov 6 th	1899	Nurse Haylor
May 5 th	1908	Sister Eleanor A. Wood
" 5 th	1909	Nurse Mackelnie (38)
Aug 7 th	"	" Needs (49)
Oct-10 th	1914	" J. M. Huggard (42)
Aug st 3 rd	1921	" J. Lawson - B. 10.3.
July 9 th	1923	" A. A. Glennie - B. 103
" 18	1927	" Turner. B 114
October 31 st	1932.	nurse weles. B. 60

RETREAT
7/11/15

Rules for Nurses
AT
The Retreat, York.

APPROVED BY THE COMMITTEE OF THE RETREAT
MAY 13TH, 1902

YORK:
William Sessions, Printer, 30, Coney Street.
1902.



INTRODUCTION.

The Retreat was founded in 1792 by William Tuke, Lindley Murray, and other members of the Society of Friends, in order to provide a home for the care of persons afflicted in mind, where they would be treated, not with the harsh methods then customary, but with kindness and sympathy. It was, moreover, the first Institution for the Insane in this country to adopt and carry out such humane treatment, and the principles then adopted are now generally recognised.

From the first, persons were admitted at nominal rates and in many cases without any payment whatsoever. The charitable aims of the founders are still kept in view, and about one-third of the patients are received at rates much below their cost.

The government of the Retreat is vested in 40 Directors who appoint the Committee of Management ; the Directors and Committee rendering purely honorary service.

The Committee are wishful that the high ideals of the founders should ever influence the Staff, so that the traditions of the Retreat may be worthily upheld. For its good management, due order and discipline are necessary, and the following Rules and Instructions have accordingly been drawn up with the intention of assisting the Nurses in the faithful and intelligent execution of their duties.

The Committee recognise that the work of nursing the insane is frequently arduous, and calls for much self-denial and patience. Mental disorder is one of the saddest forms of human affliction, and those who honestly strive to alleviate this suffering, and to minister to the needs of the afflicted in mind, are undoubtedly performing true Christian service. The Committee extend to the nurses warm sympathy and encouragement in their work.

RULES FOR NURSES.

I.

General observations on the treatment of patients.

It must always be remembered that the comfort and happiness of the patients, and in many cases the prospect of their recovery, largely depend upon the manner in which the nurses perform their duties.

Kindness, tact, firmness and good temper; thoughtful attention to duty, patient obedience to orders, kindly interest in each patient, and orderly neatness in ward duties are the characteristics of every good nurse.

II.

Straight-forwardness essential.

It should be the aim of every nurse to win the confidence and respect of patients under her care; this can only be attained by being straight-forward and upright in all her dealings with them. Nurses must never make promises which they cannot perform, and must always avoid deception and prevarication.

III.

The patients must always be treated with uniform kindness.

Penalties for unkindness.

Any ill-treatment, unkindness or harshness in word or deed will render a nurse liable to immediate suspension and subsequent dismissal. The penalties imposed by law for illtreating or wilfully neglecting a patient are stated in the appendix. (See page 15).

A nurse concealing the ill-treatment of a patient by another nurse will be considered equally guilty.

When it is necessary to exercise authority over patients the nurse must never be peremptory or speak harshly: firmness must be associated with gentleness of manner, having due regard to the patient's feelings and limitations.

IV.

Control of violent patients.

Should it be absolutely necessary to control a violent patient, additional assistance must be procured. When the patient sees that resistance is useless she will seldom attempt it.

No nurse must ever struggle single handed with a patient except under grave emergency.

Should a struggle be unavoidable the knees or elbows must never be placed upon the body of the patient.

V.

Care of Suicidal Cases.

Special "Suicidal notices" are issued by the medical officers for every patient disposed to self-injury, and each nurse in the ward is required to sign an acknowledgement.

When the notice says the patient is to be under "continuous observation," she must not be left alone on any pretext, day or night. "Close observation" means less rigid supervision; the nurse must know where the patient is and what she is doing, and must closely, but not necessarily continuously, observe her actions.

VI.

Seclusion and restraint.

Seclusion is defined by the Commissioners in Lunacy as "the enforced isolation of a patient by day, between the hours of 7 a.m. and 7 p.m., by the closing, by any means whatsoever, of the door of the room in which the patient is." No patient

may be secluded without the sanction of a medical officer.

No patient may be restrained by any mechanical means whatever unless the Medical Superintendent should expressly direct the same.

VII.

Occupations
of patients.

Nurses must encourage patients to occupy themselves usefully, and, as far as their duties permit, assist in their amusements and other pursuits. They must not restrict amusements to the more intelligent, but endeavour to rouse the interest of all.

VIII.

No favourites. Nurses must refrain from making favourites of individual patients and avoid undue intimacy with any of them.

IX.

Attitude
towards
delusions.

Nurses should avoid talking to patients on the subject of their delusions and on no account argue with them, but on the contrary endeavour to interest them in other matters, or in some other way divert their attention. It must, however, be remembered that nurses have constant opportunities of observing the patient's mental condition, and it is an important part of their duty to inform the Medical Officer of any concealed delusions or peculiarity.

X.

Exercise.
Fresh air.

Every patient must be encouraged to take a liberal amount of exercise daily in the open air.

Pure air in the wards and dormitories is of first importance; the various rooms and corridors must be freely ventilated, and all windows should be open whenever possible, consistently with the comfort of the patients.

XI.

Cleanliness. Nurses are reminded that thorough cleanliness is of the utmost importance for the maintenance of the health of the household.

Rubbish must not be allowed to accumulate, and soiled clothing must be immediately removed from the bedrooms. It is a nurse's duty to fight dirt as well as disease.

XII.

Keys and knives.

Keys must be displayed as little as possible and care must be taken to avoid noise in using them. Pass-keys are not to be lent to patients. Any nurse losing keys, knives, or scissors, must instantly report the loss. The leave of all nurses in the department may be stopped until the lost articles are recovered.

Nurses going beyond the grounds must leave their keys with the gatekeeper.

XIII.

Confidential position.

Nurses in the Retreat must understand that they hold a confidential and responsible position. They are strictly forbidden to gossip about the patients or their doings, and the names of the patients must not be mentioned in the presence of strangers. Correspondence with the friends of the patients is not allowed.

XIV.

Letters.

The letters written by patients are to be placed in the box for the purpose, or given to one of the medical officers. Nurses are not permitted to post letters for patients nor to assist them to

communicate with persons outside the institution, except when authorised by the Medical Superintendent.

XV.

Visitors. No nurse may entertain any visitor, nor may a visitor be admitted to see the Institution, or have access to any of the galleries or dayrooms without the permission of the Matron or one of the Medical Officers.

XVI.

Gratuities. Nurses are not allowed to receive perquisites of any kind, nor to buy or to sell anything from or to the patients, nor to receive gifts or money from the patients or their friends, nor from visitors to the Institution without the consent of the Medical Superintendent.

XVII.

Male and female departments. Without special authority attendants and men servants are not to be admitted to the galleries, day-rooms, or private pleasure grounds on the women's side; nor must nurses enter the men's departments.

Before breakfast and after sunset, nurses are not allowed to use the general pleasure grounds, but only the private gardens used by the female patients, viz.—the terrace, West Villa and Ladies' Inner Gardens.

XVIII.

Stimulants. Nurses whilst on the Retreat premises, are required to abstain from alcoholic beverages, unless prescribed for medicinal purposes by one of the Medical Officers.

XIX.

Loyalty to
Retreat.

If any servant of the Retreat is aware of serious misconduct on the part of any one employed in the Institution, a report must be made to one of the officers. It follows therefore that any ill-treatment of a patient or anything likely to injure the patients or the property of the Retreat, or that may bring discredit upon the Institution must be reported without delay to the Medical Superintendent or his deputy.

XX.

General
duties of
Sisters.

(1) The Sisters are responsible for the welfare of the patients in their wards and the good order of the rooms, furniture and clothing.

(2) The Sisters must immediately report to a Medical Officer any unusual illness, accident or injury.

Reports.

Every evening she must give a written report to the Matron upon the events of the day, especially noting :—

The occurrence of fits, accidents, violence, complaints or any unusual circumstances.

What patients have been visited and by whom.

What patients have been beyond the grounds and with whom.

Names of patients in bed, refusing food, or under treatment.

Duration of seclusion (if any).

Illness of any of the Staff.

Medicines. (3) Drugs and medicines must be kept under lock and key in the cupboard for that purpose. The Sisters are responsible for their care and distribution.

Weighing. (4) All patients must be weighed monthly, and a record of the weights kept for reference.

Inventories. (5) Careful inventories of all the belongings of the patients, of the cutlery and household linen are to be kept by the Sisters and revised at least every six months.

Lists of the Linen sent to the wash each week must be kept, and if any articles are not returned within eight days written reports must be made to the Housekeeper.

Maintenance of order. (6) The Sisters are expected to maintain discipline during hours of duty, and to supervise efficiently the work of the nurses and maids in their wards. They are to teach the probationers their duties, and as far as possible assist in their training.

Instructions to deputy. (7) Before going off duty each Sister must fully inform her deputy respecting the needs of her patients, especially in the case of the sick or infirm.

Information necessary for the guidance of the night nurses must be written each evening in the night report book, and before leaving the ward the Sister must satisfy herself as to the safety and comfort of all her patients.

XXI.

New patients. (1) New patients should be treated with marked kindness. There should be no deception or con-

cealment as to where they are, but everything must be done to reassure and comfort them. They must be dealt with very cautiously until their habits and tendencies become known.

(2) Unless instructions to the contrary are received, every patient, as soon after admission as convenient, is to be given a bath by the Sister of the ward (vide Bathroom rules). She must be weighed and measured and her temperature taken, and her pulse and respirations counted. Report as to injuries or any abnormal conditions must be promptly made, in writing, to the Medical Officer on duty.

(3). The Sister in charge must also make a careful inventory of the clothing and other belongings of the patient; valuables and money must be taken to the office for registration, and knives, matches and other dangerous articles taken away and locked up safely.

XXII.

Meals.

(1) The Sisters are also responsible for the proper service of the meals required in the wards and in particular they are to supervise the feeding of the sick and infirm.

(2) In the event of a patient not taking sufficient food, report must be made to a Medical Officer at his next visit. Nurses are not to administer food forcibly under any circumstances. The utmost tact and patience must be exercised in such cases; small quantities only should be presented, and the reasonable wishes of the patient met as far as practicable.

(3) Waste must be avoided and no patient should be allowed to take too much food.

(4) No extra diet must be given without a written order from a Medical Officer.

(5) Knives and forks must be counted after every meal.

XXIII.

Bathing.

(1) The Sisters are personally responsible for the bathing of the patients.

(2) Every patient as soon after admission as possible, once each week afterwards, and immediately before discharge, shall have a warm bath unless a Medical Officer gives directions to the contrary. Any injuries, eruptions, or signs of disease that may be noticed must immediately be reported to the Matron.

(3) No patient refusing to take a bath shall be compelled to do so without medical authority. In all cases where compulsion is sanctioned the Matron must be informed when the bath is to be given. No patient's head is under any pretext to be forced under water.

(4) Without the sanction of a Medical Officer no patient shall be allowed to take a bath except in the presence of a nurse; nor shall a patient be left alone during any bathing operations.

(5) In preparing a bath the cold water is always to be turned on first and the hot water added afterwards until the bath reaches a temperature of not less than 90 and not more than 97 degrees of the thermometer, Fahrenheit scale. The ther-

thermometer is to be used in every bath and the temperature must never be guessed at, nor judged by the hand. In case the thermometer is injured or broken all bathing shall be suspended until another has been procured.

(6) Every patient after the weekly bath is to be provided with clean underclothing.

(7) The cases covering the taps are to be kept locked when the baths are not in use and no patient is ever to be permitted to turn on the water.

(8) Cold, shower, Turkish and all kinds of special baths are only to be given or allowed in accordance with orders from a Medical Officer.

XXIV.

Nursing at
night.

(1) The Night Sister is responsible for the welfare and safety of the female patients during the night. She must visit or cause to be visited each of the female wards at least once an hour, and shall pay particular attention to the sick and infirm, the suicidal, and those of unclean habits.

In the event of any sudden illness, unusual change, or unexpected death of a patient a Medical Officer must be at once informed.

(2) The night nurses must constantly be on guard against an outbreak of fire and be familiar with the position of and manner of using the fire appliances and escape staircases.

(3) The Night Sister shall see that the day nurses and maids are in their bedrooms, and lights extinguished, at the appointed time.

(4) Before going off duty the night sister must enter in the night report book in each ward particulars as to sleep and any change in the patients during the night, and she is to supply to the medical officers a detailed report of the events of the night in the book provided for the purpose.

XXV.

Nurses' daily duties. (1) When on duty Nurses and Probationer are responsible to the Sisters, whose instructions they must faithfully carry out.

(2) They are not to leave the ward without the sister's permission.

(3) Punctuality in all the daily routine must be strictly observed.

(4) All works borrowed from the Nurses' library are to be duly entered in the book provided; they must not be left about nor lent to patients.

XXVI.

Lectures and Examinations. Nurses must diligently attend the lectures, demonstrations and periodical examinations. They are expected to enter for the examination for the certificate of the Medico-psychological Association, and for the Certificate of Training given by the Retreat Committee.

XXVII.

Leave of absence. All leave of absence is conditional upon the needs of the Institution. In case of emergency any nurse may be required to remain on duty.

Nurses must not absent themselves beyond the allotted time without the express sanction of the

Matron. If from illness or other cause a nurse cannot return at the appointed hour the Matron must be informed at once by wire or messenger.

XXVIII.

Precautions
against fire.

(1) Care, order, and cleanliness are the best preventives against fire, especially care with mineral and other inflammable oils and spirits, and with all movable lamps and candles.

(2) Protect all fireplaces with a guard. Coals should never be piled upon the top bar of a grate. Live coals must never be carried from one room to another. Ashes must not be thrown out until thoroughly extinguished. Do not leave wood to dry before a fire, or in an oven, during the night, nor leave clothes drying so that a coal could possibly reach them.

(3) Use only safety matches, and do not leave them lying about. See that every match used is quite extinguished before it is left. Matches may not be given to patients.

(4) All candles in use must be protected with a glass shade. No candle or gas flame must be so situated that a curtain or loose papers can be blown into it.

(5) Any smell of gas must be at once reported. Do not seek for the escape with a light. When an escape of gas is discovered, open all the doors and windows, extinguish all fires and lights, and turn off the gas at the meter.

(6) Gas in Patients' Bedrooms must be turned out by the tap outside.

(7) A smell of burning or an excess of smoke must be reported at once, and its source ascertained without delay.

(8) Fire buckets must always be kept full of water, and in the places appointed for them.

XXIX.

Instructions
in case of
fire.

1. Do not act hurriedly, but think first what is best to be done, and then prompt action may prevent a serious fire. The safety of the Patients must be the first consideration, and measures for extinguishing the fire the second.

2. The best way of extinguishing a small fire is to prevent the access of air to it, by smothering it with a rug, coat, counterpane, blanket, or heavy curtains, and then stamping upon it vigorously. In doing this women must be very careful of their own clothing. In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted; and that as large a surface as possible of the burning material must be covered with water lightly thrown over it. For this purpose a hand-pump is better than a bucket.

3. If the fire cannot be put out at once by these measures,

(i) Break the glass of the nearest Fire Alarm Box—this will summon the Fire Brigade and the Officers of the Retreat.

(ii) Call up the Nurses and Maids near at hand.

4. Close windows and doors near a fire, at once.

5. If smoke is thick, and it is necessary to pass along a passage or across a room, cover mouth and nose with a wet flannel, handkerchief, or stocking, and crawl along on hands and knees.

6. If the clothes catch fire, the person should immediately lie down upon a rug, blanket, or thick shawl, and roll it tightly round the limbs and body.

Rules for Nurses engaged in private nursing and having charge of patients outside the Institution.

The Rules for Nurses at the Retreat, except such as are, on the face of them, clearly inapplicable, regulate the conduct of Retreat nurses in charge of patients privately. Such nurses should remember that, though away from the Retreat, they still belong to it, and that their position is one which specially calls for loyalty to its traditions, and regard for its reputation.

The Medical Attendant responsible. 1. The nurse must look to the Medical Attendant for her instructions, and faithfully carry them out. She must inform him promptly and without reservation of everything of importance respecting the health and conduct of her patient.

Diary and reports. 2. The nurse must day by day enter in her diary all facts of importance relative to the case under her care. In particular, any points of difficulty which may arise must be promptly recorded. In acute cases the nurse must also keep a record of all the events of the day, noting details as to the mental and bodily condition of the patient. This record should be produced for the inspection of the Medical Attendant at each visit.

Patient not usually certified 3. Unlike the patients at the Retreat, who, as a rule, are certified as of unsound mind, patients under private care are usually not so certified, and in consequence there is seldom any legal authority for limiting their freedom.

A nurse must not, therefore, on her own responsibility, interfere with the freedom or with the correspondence of a patient. If circumstances render such course necessary it must only be taken under definite instructions from the Medical Attendant and of a responsible relative of the patient.

Letters. Letters addressed to the Medical Attendant, the legal adviser of the patient, or to the Commissioners in Lunacy, must not under any circumstances be delayed or interfered with.

Straight-forward dealing essential. 4. The observance of No. II. of the Retreat Rules, respecting straightforward dealing with patients, presents many difficulties in private nursing. The nurse is, however, strictly enjoined not to be party to any deception of a patient, and to avoid making promises she cannot perform.

Confidential position of nurse. 5. The confidential nature of the work must ever be borne in mind. The nurse must strictly abstain from gossip and avoid undue intimacy with any member of the household.

She should be careful not to give needless trouble in the house, and should make her own personal requirements as moderate as possible.

Suicidal patients. 6. The responsibility of declaring a patient to be suicidal rests with the Medical Attendant. In a doubtful case the nurse must ask him for clear and definite instructions in writing. No nurse must attempt the care of a patient requiring continuous observation unless sufficient relief is provided.

Seclusion.
Restraint.

7. The nurse must never on her own responsibility place a patient in seclusion or use any kind of mechanical restraint, unless there is imminent danger of serious accident and assistance cannot be obtained. In such cases the seclusion or restraint must only be maintained while the danger continues, and the fact that either has been resorted to must be reported with the least possible delay to the Medical Attendant. In every case in which seclusion or mechanical restraint is used a written report must also be made to the Medical Superintendent of the Retreat.

When in
difficulty.

8. If a nurse is asked, by whomsoever it may be, to do anything inconsistent with these rules she must communicate at once with the Matron or Medical Superintendent of the Retreat. She should also do so freely when in doubt as to her right course of action in any case. She must inform the Matron without delay, if from ill-health or any other reason she is unable properly to discharge her duties.

STATUTORY PENALTIES.

LUNACY ACT, 1890. (Sec. 322 and Sec. 323).

“If any manager, officer, nurse, attendant, servant or other person employed in an Institution for lunatics, or any person having charge of a lunatic, illtreats or wilfully neglects a patient, he shall be guilty of misdemeanour, and, on conviction or indictment, shall be liable to fine or imprisonment at the discretion of the court, or be liable on summary conviction for every offence to a penalty not exceeding twenty pounds nor less than two pounds.”

“If any manager, officer or servant in an institution for lunatics wilfully permits, or assists, or connives at the escape or attempted escape of a patient, or secretes a patient, he shall for every offence be liable to a penalty not exceeding twenty pounds nor less than two pounds.”

TIME TABLE.

6-30 a.m.	Nurses' Breakfast.	} ½ hour later on Sundays.
7-0 a.m.	Nurses on duty.	
7-30 a.m.	Sisters' Breakfast.	
7-50 a.m.	Night Nurses off duty.	
8-0 a.m.	Sisters on duty. Night Nurses' Dinner.	
10-30 a.m.	Sister and Nurse on the Terrace.	
11-30 a.m.	Night Nurses in bed. (Wednesdays and Saturdays at 9 a.m.).	
12-0 noon.	First Dinner for Nurses.	
1-0 p.m.	Second Dinner for Nurses.	
1-15 p.m.	Sisters' Dinner.	
2-30 p.m.	Sister and Nurse on Terrace.	
4-30 p.m.	First Tea for Nurses.	
5-0 p.m.	Second Tea for Nurses.	
8-0 p.m.	Night Nurses' Breakfast.	
8-30 p.m.	Nurses' Supper. Night Nurses on duty (Wednesdays and Saturdays 9-0 p.m.).	
8-45 p.m.	Sisters' Supper.	
9-30 p.m.	Night Sister on duty.	
10-0 p.m.	Nurses in bedrooms.	
10-30 p.m.	Nurses in bed and lights out.	

LEAVE OF ABSENCE.

One half-day and one whole day on alternate weeks. A half-day on two consecutive Sundays: on the third Sunday one hour. Once in three weeks, four hours on Saturday or Monday. One hour each full working day exclusive of meal times.

Night Nurses—1 Night every three weeks.

HOLIDAYS.

Sisters—3 weeks.

Nurses—2 weeks, in 3rd and 4th years 3 weeks.

Special Probationers—3 weeks.

FIRE RULES.

Approved by the Retreat Committee, August, 1921.

Precautions Against Fire.

CARE, order and cleanliness are the best preventatives. Special care should be taken with all moveable lights and candles.

Beeswax and turpentine, floor polish, cleaning cloths and all other inflammable materials must be kept in safe places.

Waste paper and rubbish must never be allowed to accumulate.

Protect all fireplaces with a guard. Coals must never be piled upon a fire so that any can fall out as the fire burns away. Live coals must never be carried from one room to another.

Wood must not be left to dry before or near a fire.

Clothes which are drying must always be placed so that no spark or ember can possibly reach them.

Safety matches only may be used.

When candles are used they must be protected with glass shades.

Any smell of gas must be at once reported. Do not seek for an escape of gas with a light, but at once open all doors and windows, extinguish naked lights near at hand, and if the escape cannot be readily stopped turn off the gas at the meter. An escape from a defective pipe can be temporarily stopped by soap or putty. Gas in patient's bedrooms must be turned off by the tap outside whenever possible.

A smell of burning or unusual smoke must be immediately reported, and its source ascertained without a moment's delay.

Indoor Appliances for Use in case of Fire.

Every member of the Staff must be familiar with the position and manner of using the various appliances provided against fire.

The Charge Attendants and Ward Sisters are responsible for the appliances in their respective departments being in good working order, and in their appointed places. They are also required to see that the exit staircases are free from obstruction.

Should any piece of apparatus be defective, written information should be given at once to the Engineer.

In every department the following appliances are available :—

Fire Extinctors.

Fire Buckets.—These must always be kept full of water.

Foot Pumps—To be used with a fire bucket to give a jet of water.

Corridor Fire Pumps are on each landing, and can be wheeled as close as possible to the fire.

Hatchets to break windows if needed.

Exit Staircases—The keys to open the fire staircases will be found in glass boxes.

Automatic Fire Alarm Boxes are in every department, and in connection with some of them are automatic thermometers, which give an alarm directly the temperature reaches a certain point (*e.g.*, in the Joiner's Shop, Laundry and Steward's Office).

On breaking the glass in one of the alarm boxes, fire bells will ring among other places, in the following :—

Captain of Fire Brigade's House.
 Deputy Captain's Room.
 Superintendent's House.
 Assistant Superintendent's House.
 Secretary's House.
 Nurses' Hostel.
 Engineer's House.
 Engineer's Basement.
 First Gallery.
 Nurses' Home.
 Top Centre.
 Lower Centre.
 Gentleman's Lodge.

The fire bells ring continuously until the danger has passed or until the responsible official stops them.

Outside Appliances in case of Fire.

Every male servant must be thoroughly familiar with the position and manner of using the following appliances in case of fire :—

The Fire Hydrants.

The Hose and Branch Pipes.

The Fire Escapes and Ladders.

Fire drills will be frequently held, so that every attendant, artisan and male servant may know the exact position of the above appliances and be proficient in their use.

The Fire Brigade

consists of the Men's Captain, the Women's Captain, and their Deputies, together with two men and two women on special fire duty. They will have the assistance of the Indicator Officer in control of the telephones.

The Men's Captain will have three deputies, so that at any time, day or night, he, or a deputy, will be free to go to the site of a fire immediately an alarm is raised.

He is in charge of all operations in case of fire, and his orders are then binding on all the staff, except those with definitely assigned duties.

He is responsible for :—

- (1) Organisation of the Fire Brigade.
- (2) The training of the staff in the use of fire appliances and exit stairs.
- (3) Reporting all cases of neglect of fire duty, defects of apparatus, or anything that interferes with efficiency.
- (4) Once in three months, giving to the Committee a written report of his work.

When a fire occurs, the Captain and his deputies are to go immediately to it and endeavour to extinguish it. If it is too large to be put out readily, one of the deputies or other member of the brigade must at once organise the removal of all patients who are in prospective or actual danger, to a place of safety.

Meanwhile the Captain must supervise all efforts being made to extinguish the fire.

If he finds the fire is beyond control, he has authority, at his discretion, to call the York City Fire Brigade.

The respective duties of the men's captain, and the women's captain cannot be defined in advance, but they will have practised together so as to understand one another.

The women's captain will :—

- (1) Organise the women's section of the fire brigade.
- (2) Train the women's staff in the use of apparatus and exits.

The Women's Captain or her deputies are, in like manner, to proceed to the site of the fire immediately an alarm is given. The two members of the female staff on special fire duty are also to go immediately to the fire.

- (3) If the fire is on the Women's Side, the Women's Captain or, in her absence the senior deputy, must at once organise the removal of all women patients to a place of safety. If the fire is on the men's side, she will organise a constant supply of water and bring buckets, foot pumps, and extinguishers.

The Indicator Officer, or her deputy, will be in full authority in the front hall and be responsible for the indicator, the telephones, and the handing on of messages and orders.

If additional help is needed at the site of the fire, or anywhere else, the indicator officer will be able to summon assistance from portions of the institution not in danger.

All able-bodied members of the staff are to be familiar with the position and use of all the indoor apparatus and escape stairs. The respective captains will be responsible for preparing a rota, and they will submit at least once a week to the Superintendent, the names of members required for special fire duty. This will only be needed when the numbers of the staff on the premises are so reduced that none are free to give assistance in case of fire.

When the Fire Bells ring—

In the case of an alarm of fire, the following procedure is to be adopted :—

- (1) The Captains, Deputies, and those on special fire duty will proceed to the site of the fire.
- (2) Nurses, male and female, and ward maids will at once proceed to their respective wards, unless they are on special fire duty.
- (3) The Indicator Officer and Deputies take charge of the indicator and telephones, and hand on instructions issued by captains or deputies.
- (4) The artisans, gardeners, and those without special duties must wait in the front hall for instructions.

On Discovering a Fire

Attempt immediate extinction if the fire is within reach and it is small in compass

(a) By Smothering it—

The best way of extinguishing a small fire is to prevent access of air to it, by smothering it with a rug, coat, counterpane, blanket or heavy curtain, and then stamping upon it vigorously.

Women must be very careful of their own clothing in doing this, and remember that flannelette, cotton, and muslin are very inflammable.

(b) Throwing Water—

In throwing water over a fire, remember that unless a large supply is close at hand, the water must not be wasted, and that as large a surface as possible of the burning material should be wetted.

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ossible.

Bring one or more **Extinctors** to the fire, and direct the jet of water over the fire.

Supplement this with **Buckets** and **Foot Pump**, and the **Corridor Fire-pump**.

In case of **A SERIOUS OUTBREAK OF FIRE** which cannot be immediately extinguished

- (1) Break the glass of the nearest alarm box.
This should bring the fire brigade in less than two minutes.
- (2) Quietly call up the members of the staff near at hand, and send one to call the Medical Officers.
- (3) Take the following measures without waiting for assistance :-
 - (a) **If patients are in danger.**
 - (1) Open all bedroom doors, beginning with those nearest the fire.
 - (2) Open doors to exit stairs and leave them all open.
 - (b) **If no immediate danger to life.**
 - (1) Turn on water in nearest bath.
 - (2) Close all windows and doors near fire.
 - (3) Bring up Extinctors and Corridor Fire Pump.

SPECIAL POINTS.

The Safety of the Patients must be the first consideration.

Calm and Orderly Conduct on the part of the staff will inspire confidence in the patients and prevent panic. The patients and staff should be roused as quietly as possible. **Suicidal patients must not be left.**

V
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When Smoke is thick.—If necessary to cross a room, or pass along a corridor, cover your mouth with wet flannel or stocking or handkerchief, and crawl on hands and knees.

Clothing on Fire.—The person must lie down, and be rolled tightly in a rug, blanket, or thick shawl.

Chimney on Fire.—Rake out fire and block chimney with wet sack, dust sheet, or anything that will cut off the supply of air yet will not burn readily.

and



If necessary to cross a room, or
cover your mouth with wet flannel
chief, and crawl on hands and

person must lie down, and be
blanket, or thick shawl.
out fire and block chimney with
anything that will cut off the
burn readily.

NURSES' WASHING.

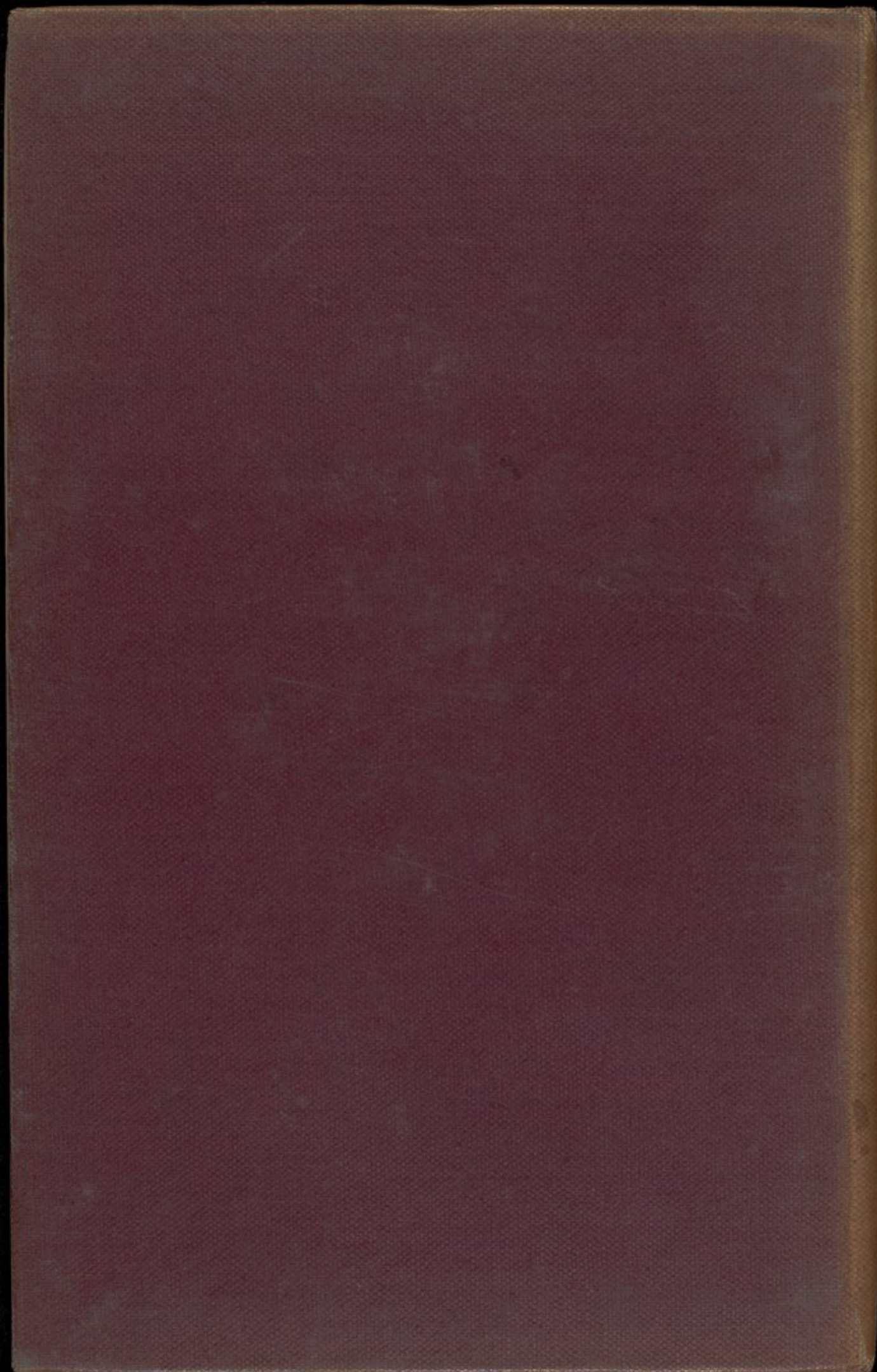
WEEKLY ALLOWANCE.

- 5 Aprons.
 - 2 Collars.
 - 3 Pairs of Cuffs.
 - 1 Cap.
 - 1 Pair of Stockings.
 - 6 Handkerchiefs.
 - 6 Articles of Underclothing.
 - 1 Dress.
-

EVERYTHING TO BE MARKED PLAINLY.

A LIST MUST BE SENT.

NO WHITE PETTICOATS, BLOUSES, DRESSES,
OR FANCY WASHING.



Rules for Nurses
AT
The Retreat, York

NOTICE.

This book is the property of the Institution, and if lost, destroyed, or rendered unfit for future use, the person responsible for it will be liable to a fine of five shillings.

It must on no account be taken away from the Hospital except when a nurse is engaged in outside work, and it must not be shewn to any patient.

42

1916
1910
April
April
April

DATE	NAME.
1916 April 28 th	Nurse Mary Brydon B. 13.
1920 June 24	Nurse Frances Kiewe
April 16th 1923	Nurse Nora E. Prooth B. 3
April 18 1923	Nurse Elizabeth Martin B 3
April 21 st 1924	Emily Lund (Male Key.) (Female pass.)

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Rules for Nurses
AT
The Retreat, York.

APPROVED BY THE COMMITTEE OF THE RETREAT
MAY 13TH, 1902

YORK:
William Sessions, Printer, 30, Coney Street.
1902.

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INTRODUCTION.

The Retreat was founded in 1792 by William Tuke, Lindley Murray, and other members of the Society of Friends, in order to provide a home for the care of persons afflicted in mind, where they would be treated, not with the harsh methods then customary, but with kindness and sympathy. It was, moreover, the first Institution for the Insane in this country to adopt and carry out such humane treatment, and the principles then adopted are now generally recognised.

From the first, persons were admitted at nominal rates and in many cases without any payment whatsoever. The charitable aims of the founders are still kept in view, and about one-third of the patients are received at rates much below their cost.

The government of the Retreat is vested in 40 Directors who appoint the Committee of Management; the Directors and Committee rendering purely honorary service.

The Committee are wishful that the high ideals of the founders should ever influence the Staff, so that the traditions of the Retreat may be worthily upheld. For its good management, due order and discipline are necessary, and the following Rules and Instructions have accordingly been drawn up with the intention of assisting the Nurses in the faithful and intelligent execution of their duties.

The Committee recognise that the work of nursing the insane is frequently arduous, and calls for much self-denial and patience. Mental disorder is one of the saddest forms of human affliction, and those who honestly strive to alleviate this suffering, and to minister to the needs of the afflicted in mind, are undoubtedly performing true Christian service. The Committee extend to the nurses warm sympathy and encouragement in their work.

RULES FOR NURSES.

I.

General observations on the treatment of patients.

It must always be remembered that the comfort and happiness of the patients, and in many cases the prospect of their recovery, largely depend upon the manner in which the nurses perform their duties.

Kindness, tact, firmness and good temper; thoughtful attention to duty, patient obedience to orders, kindly interest in each patient, and orderly neatness in ward duties are the characteristics of every good nurse.

II.

Straight-forwardness essential.

It should be the aim of every nurse to win the confidence and respect of patients under her care; this can only be attained by being straight-forward and upright in all her dealings with them. Nurses must never make promises which they cannot perform, and must always avoid deception and prevarication.

III.

The patients must always be treated with uniform kindness.

Penalties for unkindness.

Any ill-treatment, unkindness or harshness in word or deed will render a nurse liable to immediate suspension and subsequent dismissal. The penalties imposed by law for illtreating or wilfully neglecting a patient are stated in the appendix. (See page 15).

A nurse concealing the ill-treatment of a patient by another nurse will be considered equally guilty.

When it is necessary to exercise authority over patients the nurse must never be peremptory or speak harshly: firmness must be associated with gentleness of manner, having due regard to the patient's feelings and limitations.

IV.

Control of
violent
patients.

Should it be absolutely necessary to control a violent patient, additional assistance must be procured. When the patient sees that resistance is useless she will seldom attempt it.

No nurse must ever struggle single handed with a patient except under grave emergency.

Should a struggle be unavoidable the knees or elbows must never be placed upon the body of the patient.

V.

Care of
Suicidal
Cases.

Special "Suicidal notices" are issued by the medical officers for every patient disposed to self-injury, and each nurse in the ward is required to sign an acknowledgement.

When the notice says the patient is to be under "continuous observation," she must not be left alone on any pretext, day or night. "Close observation" means less rigid supervision; the nurse must know where the patient is and what she is doing, and must closely, but not necessarily continuously, observe her actions.

VI.

Seclusion
and restraint.

Seclusion is defined by the Commissioners in Lunacy as "the enforced isolation of a patient by day, between the hours of 7 a.m. and 7 p.m., by the closing, by any means whatsoever, of the door of the room in which the patient is." No patient

may be secluded without the sanction of a medical officer.

No patient may be restrained by any mechanical means whatever unless the Medical Superintendent should expressly direct the same.

VII.

Occupations
of patients.

Nurses must encourage patients to occupy themselves usefully, and, as far as their duties permit, assist in their amusements and other pursuits. They must not restrict amusements to the more intelligent, but endeavour to rouse the interest of all.

VIII.

No favourites. Nurses must refrain from making favourites of individual patients and avoid undue intimacy with any of them.

IX.

Attitude
towards
delusions.

Nurses should avoid talking to patients on the subject of their delusions and on no account argue with them, but on the contrary endeavour to interest them in other matters, or in some other way divert their attention. It must, however, be remembered that nurses have constant opportunities of observing the patient's mental condition, and it is an important part of their duty to inform the Medical Officer of any concealed delusions or peculiarity.

X.

Exercise.
Fresh air.

Every patient must be encouraged to take a liberal amount of exercise daily in the open air.

Pure air in the wards and dormitories is of first importance; the various rooms and corridors must be freely ventilated, and all windows should be open whenever possible, consistently with the comfort of the patients.

XI.

Cleanliness. Nurses are reminded that thorough cleanliness is of the utmost importance for the maintenance of the health of the household.

Rubbish must not be allowed to accumulate, and soiled clothing must be immediately removed from the bedrooms. It is a nurse's duty to fight dirt as well as disease.

XII.

Keys and knives.

Keys must be displayed as little as possible and care must be taken to avoid noise in using them. Pass-keys are not to be lent to patients. Any nurse losing keys, knives, or scissors, must instantly report the loss. The leave of all nurses in the department may be stopped until the lost articles are recovered.

Nurses going beyond the grounds must leave their keys with the gatekeeper.

XIII.

Confidential position.

Nurses in the Retreat must understand that they hold a confidential and responsible position. They are strictly forbidden to gossip about the patients or their doings, and the names of the patients must not be mentioned in the presence of strangers. Correspondence with the friends of the patients is not allowed.

XIV.

Letters.

The letters written by patients are to be placed in the box for the purpose, or given to one of the medical officers. Nurses are not permitted to post letters for patients nor to assist them to

communicate with persons outside the institution, except when authorised by the Medical Superintendent.

XV.

Visitors. No nurse may entertain any visitor, nor may a visitor be admitted to see the Institution, or have access to any of the galleries or dayrooms without the permission of the Matron or one of the Medical Officers.

XVI.

Gratuities. Nurses are not allowed to receive perquisites of any kind, nor to buy or to sell anything from or to the patients, nor to receive gifts or money from the patients or their friends, nor from visitors to the Institution without the consent of the Medical Superintendent.

XVII.

Male and female departments. Without special authority attendants and men servants are not to be admitted to the galleries, day-rooms, or private pleasure grounds on the women's side; nor must nurses enter the men's departments.

Before breakfast and after sunset, nurses are not allowed to use the general pleasure grounds, but only the private gardens used by the female patients, viz.—the terrace, West Villa and Ladies' Inner Gardens.

XVIII.

Stimulants. Nurses whilst on the Retreat premises, are required to abstain from alcoholic beverages, unless prescribed for medicinal purposes by one of the Medical Officers.

XIX.

Loyalty to
Retreat.

If any servant of the Retreat is aware of serious misconduct on the part of any one employed in the Institution, a report must be made to one of the officers. It follows therefore that any ill-treatment of a patient or anything likely to injure the patients or the property of the Retreat, or that may bring discredit upon the Institution must be reported without delay to the Medical Superintendent or his deputy.

XX.

General
duties of
Sisters.

(1) The Sisters are responsible for the welfare of the patients in their wards and the good order of the rooms, furniture and clothing.

(2) The Sisters must immediately report to a Medical Officer any unusual illness, accident or injury.

Reports.

Every evening she must give a written report to the Matron upon the events of the day, especially noting :—

The occurrence of fits, accidents, violence, complaints or any unusual circumstances.

What patients have been visited and by whom.

What patients have been beyond the grounds and with whom.

Names of patients in bed, refusing food, or under treatment.

Duration of seclusion (if any).

Illness of any of the Staff.

Medicines. (3) Drugs and medicines must be kept under lock and key in the cupboard for that purpose. The Sisters are responsible for their care and distribution.

Weighing. (4) All patients must be weighed monthly, and a record of the weights kept for reference.

Inventories. (5) Careful inventories of all the belongings of the patients, of the cutlery and household linen are to be kept by the Sisters and revised at least every six months.

Lists of the Linen sent to the wash each week must be kept, and if any articles are not returned within eight days written reports must be made to the Housekeeper.

Maintenance of order. (6) The Sisters are expected to maintain discipline during hours of duty, and to supervise efficiently the work of the nurses and maids in their wards. They are to teach the probationers their duties, and as far as possible assist in their training.

Instructions to deputy. (7) Before going off duty each Sister must fully inform her deputy respecting the needs of her patients, especially in the case of the sick or infirm.

Information necessary for the guidance of the night nurses must be written each evening in the night report book, and before leaving the ward the Sister must satisfy herself as to the safety and comfort of all her patients.

XXI.

New patients. (1) New patients should be treated with marked kindness. There should be no deception or con-

cealment as to where they are, but everything must be done to reassure and comfort them. They must be dealt with very cautiously until their habits and tendencies become known.

(2) Unless instructions to the contrary are received, every patient, as soon after admission as convenient, is to be given a bath by the Sister of the ward (vide Bathroom rules). She must be weighed and measured and her temperature taken, and her pulse and respirations counted. Report as to injuries or any abnormal conditions must be promptly made, in writing, to the Medical Officer on duty.

(3). The Sister in charge must also make a careful inventory of the clothing and other belongings of the patient; valuables and money must be taken to the office for registration, and knives, matches and other dangerous articles taken away and locked up safely.

XXII.

Meals.

(1) The Sisters are also responsible for the proper service of the meals required in the wards and in particular they are to supervise the feeding of the sick and infirm.

(2) In the event of a patient not taking sufficient food, report must be made to a Medical Officer at his next visit. Nurses are not to administer food forcibly under any circumstances. The utmost tact and patience must be exercised in such cases; small quantities only should be presented, and the reasonable wishes of the patient met as far as practicable.

(3) Waste must be avoided and no patient should be allowed to take too much food.

(4) No extra diet must be given without a written order from a Medical Officer.

(5) Knives and forks must be counted after every meal.

XXIII.

Bathing.

(1) The Sisters are personally responsible for the bathing of the patients.

(2) Every patient as soon after admission as possible, once each week afterwards, and immediately before discharge, shall have a warm bath unless a Medical Officer gives directions to the contrary. Any injuries, eruptions, or signs of disease that may be noticed must immediately be reported to the Matron.

(3) No patient refusing to take a bath shall be compelled to do so without medical authority. In all cases where compulsion is sanctioned the Matron must be informed when the bath is to be given. No patient's head is under any pretext to be forced under water.

(4) Without the sanction of a Medical Officer no patient shall be allowed to take a bath except in the presence of a nurse; nor shall a patient be left alone during any bathing operations.

(5) In preparing a bath the cold water is always to be turned on first and the hot water added afterwards until the bath reaches a temperature of not less than 90 and not more than 97 degrees of the thermometer, Fahrenheit scale. The ther-

thermometer is to be used in every bath and the temperature must never be guessed at, nor judged by the hand. In case the thermometer is injured or broken all bathing shall be suspended until another has been procured.

(6) Every patient after the weekly bath is to be provided with clean underclothing.

(7) The cases covering the taps are to be kept locked when the baths are not in use and no patient is ever to be permitted to turn on the water.

(8) Cold, shower, Turkish and all kinds of special baths are only to be given or allowed in accordance with orders from a Medical Officer.

XXIV.

Nursing at
night.

(1) The Night Sister is responsible for the welfare and safety of the female patients during the night. She must visit or cause to be visited each of the female wards at least once an hour, and shall pay particular attention to the sick and infirm, the suicidal, and those of unclean habits.

In the event of any sudden illness, unusual change, or unexpected death of a patient a Medical Officer must be at once informed.

(2) The night nurses must constantly be on guard against an outbreak of fire and be familiar with the position of and manner of using the fire appliances and escape staircases.

(3) The Night Sister shall see that the day nurses and maids are in their bedrooms, and lights extinguished, at the appointed time.

(4) Before going off duty the night sister must enter in the night report book in each ward particulars as to sleep and any change in the patients during the night, and she is to supply to the medical officers a detailed report of the events of the night in the book provided for the purpose.

XXV.

Nurses' daily duties.

(1) When on duty Nurses and Probationer are responsible to the Sisters, whose instructions they must faithfully carry out.

(2) They are not to leave the ward without the sister's permission.

(3) Punctuality in all the daily routine must be strictly observed.

(4) All works borrowed from the Nurses' library are to be duly entered in the book provided; they must not be left about nor lent to patients.

XXVI.

Lectures and Examinations.

Nurses must diligently attend the lectures, demonstrations and periodical examinations. They are expected to enter for the examination for the certificate of the Medico-psychological Association, and for the Certificate of Training given by the Retreat Committee.

XXVII.

Leave of absence.

All leave of absence is conditional upon the needs of the Institution. In case of emergency any nurse may be required to remain on duty.

Nurses must not absent themselves beyond the allotted time without the express sanction of the

Matron. If from illness or other cause a nurse cannot return at the appointed hour the Matron must be informed at once by wire or messenger.

XXVIII.

Precautions
against fire.

(1) Care, order, and cleanliness are the best preventives against fire, especially care with mineral and other inflammable oils and spirits, and with all movable lamps and candles.

(2) Protect all fireplaces with a guard. Coals should never be piled upon the top bar of a grate. Live coals must never be carried from one room to another. Ashes must not be thrown out until thoroughly extinguished. Do not leave wood to dry before a fire, or in an oven, during the night, nor leave clothes drying so that a coal could possibly reach them.

(3) Use only safety matches, and do not leave them lying about. See that every match used is quite extinguished before it is left. Matches may not be given to patients.

(4) All candles in use must be protected with a glass shade. No candle or gas flame must be so situated that a curtain or loose papers can be blown into it.

(5) Any smell of gas must be at once reported. Do not seek for the escape with a light. When an escape of gas is discovered, open all the doors and windows, extinguish all fires and lights, and turn off the gas at the meter.

(6) Gas in Patients' Bedrooms must be turned out by the tap outside.

(7) A smell of burning or an excess of smoke must be reported at once, and its source ascertained without delay.

(8) Fire buckets must always be kept full of water, and in the places appointed for them.

XXIX.

Instructions
in case of
fire.

1. Do not act hurriedly, but think first what is best to be done, and then prompt action may prevent a serious fire. The safety of the Patients must be the first consideration, and measures for extinguishing the fire the second.

2. The best way of extinguishing a small fire is to prevent the access of air to it, by smothering it with a rug, coat, counterpane, blanket, or heavy curtains, and then stamping upon it vigorously. In doing this women must be very careful of their own clothing. In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted; and that as large a surface as possible of the burning material must be covered with water lightly thrown over it. For this purpose a hand-pump is better than a bucket.

3. If the fire cannot be put out at once by these measures,

(i) Break the glass of the nearest Fire Alarm Box—this will summon the Fire Brigade and the Officers of the Retreat.

(ii) Call up the Nurses and Maids near at hand.

4. Close windows and doors near a fire, at once.

5. If smoke is thick, and it is necessary to pass along a passage or across a room, cover mouth and nose with a wet flannel, handkerchief, or stocking, and crawl along on hands and knees.

6. If the clothes catch fire, the person should immediately lie down upon a rug, blanket, or thick shawl, and roll it tightly round the limbs and body.

Rules for Nurses engaged in private nursing and having charge of patients outside the Institution.

The Rules for Nurses at the Retreat, except such as are, on the face of them, clearly inapplicable, regulate the conduct of Retreat nurses in charge of patients privately. Such nurses should remember that, though away from the Retreat, they still belong to it, and that their position is one which specially calls for loyalty to its traditions, and regard for its reputation.

The Medical Attendant responsible. 1. The nurse must look to the Medical Attendant for her instructions, and faithfully carry them out. She must inform him promptly and without reservation of everything of importance respecting the health and conduct of her patient.

Diary and reports. 2. The nurse must day by day enter in her diary all facts of importance relative to the case under her care. In particular, any points of difficulty which may arise must be promptly recorded. In acute cases the nurse must also keep a record of all the events of the day, noting details as to the mental and bodily condition of the patient. This record should be produced for the inspection of the Medical Attendant at each visit.

Patient not usually certified 3. Unlike the patients at the Retreat, who, as a rule, are certified as of unsound mind, patients under private care are usually not so certified, and in consequence there is seldom any legal authority for limiting their freedom.

A nurse must not, therefore, on her own responsibility, interfere with the freedom or with the correspondence of a patient. If circumstances render such course necessary it must only be taken under definite instructions from the Medical Attendant and of a responsible relative of the patient.

Letters.

Letters addressed to the Medical Attendant, the legal adviser of the patient, or to the Commissioners in Lunacy, must not under any circumstances be delayed or interfered with.

Straight-forward dealing essential.

4. The observance of No. II. of the Retreat Rules, respecting straightforward dealing with patients, presents many difficulties in private nursing. The nurse is, however, strictly enjoined not to be party to any deception of a patient, and to avoid making promises she cannot perform.

Confidential position of nurse.

5. The confidential nature of the work must ever be borne in mind. The nurse must strictly abstain from gossip and avoid undue intimacy with any member of the household.

She should be careful not to give needless trouble in the house, and should make her own personal requirements as moderate as possible.

Suicidal patients.

6. The responsibility of declaring a patient to be suicidal rests with the Medical Attendant. In a doubtful case the nurse must ask him for clear and definite instructions in writing. No nurse must attempt the care of a patient requiring continuous observation unless sufficient relief is provided.

Seclusion.
Restraint.

7. The nurse must never on her own responsibility place a patient in seclusion or use any kind of mechanical restraint, unless there is imminent danger of serious accident and assistance cannot be obtained. In such cases the seclusion or restraint must only be maintained while the danger continues, and the fact that either has been resorted to must be reported with the least possible delay to the Medical Attendant. In every case in which seclusion or mechanical restraint is used a written report must also be made to the Medical Superintendent of the Retreat.

When in
difficulty.

8. If a nurse is asked, by whomsoever it may be, to do anything inconsistent with these rules she must communicate at once with the Matron or Medical Superintendent of the Retreat. She should also do so freely when in doubt as to her right course of action in any case. She must inform the Matron without delay, if from ill-health or any other reason she is unable properly to discharge her duties.

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STATUTORY PENALTIES.

LUNACY ACT, 1890. (Sec. 322 and Sec. 323).

“If any manager, officer, nurse, attendant, servant or other person employed in an Institution for lunatics, or any person having charge of a lunatic, illtreats or wilfully neglects a patient, he shall be guilty of misdemeanour, and, on conviction or indictment, shall be liable to fine or imprisonment at the discretion of the court, or be liable on summary conviction for every offence to a penalty not exceeding twenty pounds nor less than two pounds.”

“If any manager, officer or servant in an institution for lunatics wilfully permits, or assists, or connives at the escape or attempted escape of a patient, or secretes a patient, he shall for every offence be liable to a penalty not exceeding twenty pounds nor less than two pounds.”

TIME TABLE.

6-30 a.m.	Nurses' Breakfast.	} $\frac{1}{2}$ hour later on Sundays.
7-0 a.m.	Nurses on duty.	
7-30 a.m.	Sisters' Breakfast.	
7-50 a.m.	Night Nurses off duty.	
8-0 a.m.	Sisters on duty. Night Nurses' Dinner.	
10-30 a.m.	Sister and Nurse on the Terrace.	
11-30 a.m.	Night Nurses in bed. (Wednesdays and Saturdays at 9 a.m.).	
12-0 noon.	First Dinner for Nurses.	
1-0 p.m.	Second Dinner for Nurses.	
1-15 p.m.	Sisters' Dinner.	
2-30 p.m.	Sister and Nurse on Terrace.	
4-30 p.m.	First Tea for Nurses.	
5-0 p.m.	Second Tea for Nurses.	
8-0 p.m.	Night Nurses' Breakfast.	
8-30 p.m.	Nurses' Supper. Night Nurses on duty (Wednesdays and Saturdays 9-0 p.m.).	
8-45 p.m.	Sisters' Supper.	
9-30 p.m.	Night Sister on duty.	
10-0 p.m.	Nurses in bedrooms.	
10-30 p.m.	Nurses in bed and lights out.	

LEAVE OF ABSENCE.

One half-day and one whole day on alternate weeks. A half-day on two consecutive Sundays: on the third Sunday one hour. Once in three weeks, four hours on Saturday or Monday. One hour each full working day exclusive of meal times.

Night Nurses—1 Night every three weeks.

HOLIDAYS.

Sisters—3 weeks.

Nurses—2 weeks, in 3rd and 4th years 3 weeks.

Special Probationers—3 weeks.

When the Fire Bells ring.

In the case of an alarm of fire, the following procedure is to be adopted :—

- (1) The Captains, Deputies, and those on special fire duty will proceed to the site of the fire.
- (2) Nurses, male and female, and ward maids will at once proceed to their respective wards, unless they are on special fire duty.
- (3) If the alarm bells ring during the day, the Night Staff who are in bed will get up, but need not dress unless there is an outbreak of fire in the Nurses' Home or a serious fire in the Retreat itself.
- (4) The Indicator Officer and Deputies take charge of the indicator and telephones, and hand on instructions issued by Captains or Deputies.
- (5) The artisans, gardeners, and those without special duties must wait in the front hall for instructions.

On Discovering a Fire.

Attempt immediate extinction if the fire is within reach and it is small in compass

By Smothering it—

The best way of extinguishing a small fire is to prevent access of air to it, by smothering it with

a rug, coat, counterpane, blanket or heavy curtain, and then stamping upon it vigorously.

Women must be very careful of their own clothing in doing this, and remember that flannelette, cotton, and muslin are very inflammable.

Bring one or more **Extinguishers** to the fire, and direct the jet of water over the fire.

Supplement this with **Buckets** and the **Corridor Fire-pump**.

In case of **AN OUTBREAK OF FIRE** which cannot at once be extinguished

- (1) Break the glass of the nearest alarm box and press the button.
- (2) Take the following measures without waiting for assistance :—

(a) **If patients are in danger.**

- (1) Open all bedroom doors, beginning with those nearest the fire.
- (2) Open doors to exit stairs and leave them all open.

(b) **If no immediate danger to life.**

- (1) Turn on water in nearest bath for refilling fire buckets.
- (2) Close all windows and doors near fire.
- (3) Bring up Extinguishers and Corridor Fire Pump.

SPECIAL NOTES.

The Safety of the Patients must be the first consideration.

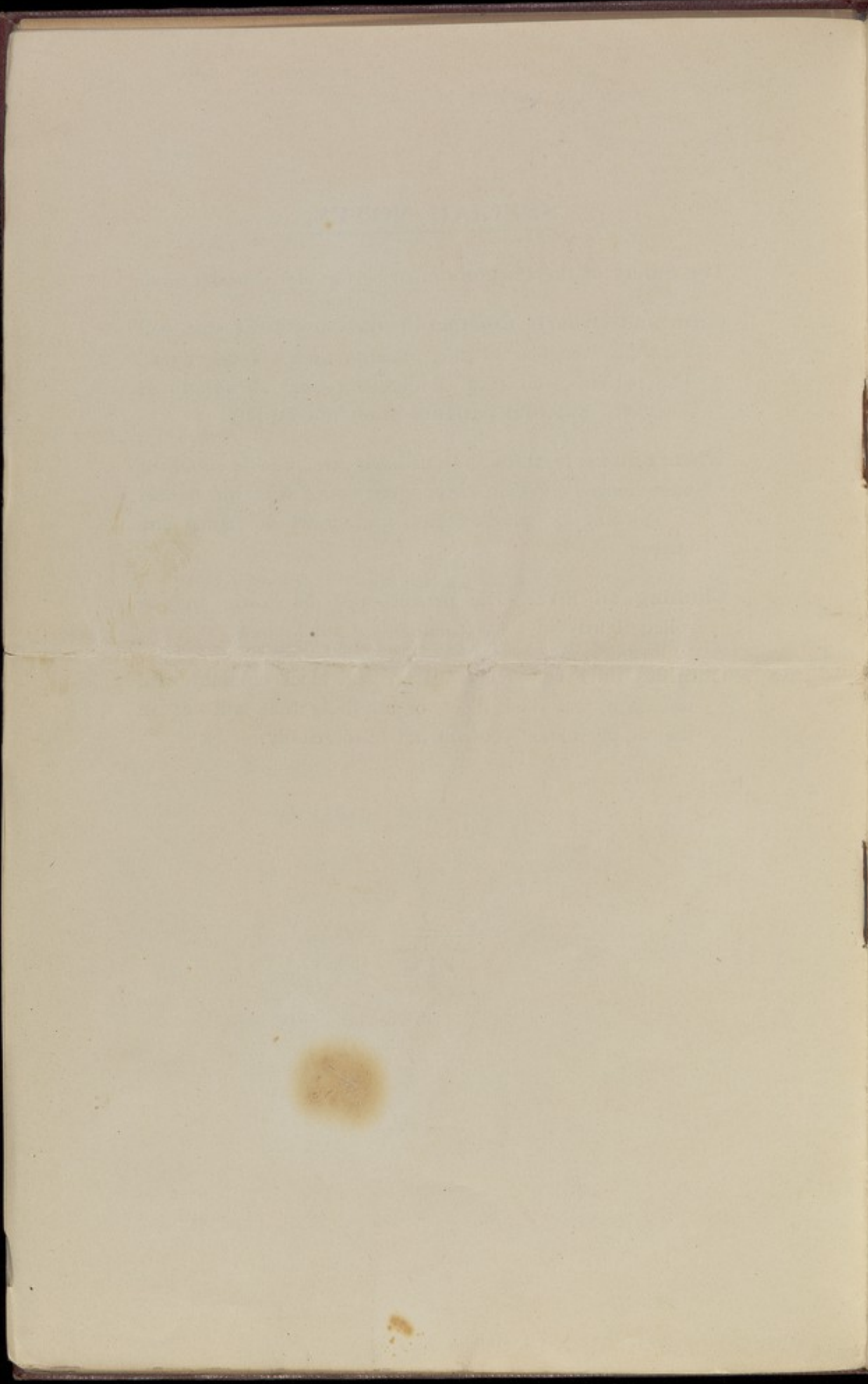
Calm and Orderly Conduct on the part of the staff will inspire confidence in the patients and prevent panic. The patients and staff should be roused as quietly as possible. **Suicidal patients must not be left.**

When Smoke is thick.—If necessary to cross a room, or pass along a corridor, cover your mouth with wet flannel or stocking or handkerchief, and crawl on hands and knees.

Clothing on Fire.—The person must lie down, and be rolled tightly in a rug, blanket, or thick shawl.

Chimney on Fire.—Rake out fire and block chimney with wet sack, wet dust sheet, or anything that will cut off the supply of air yet will not burn readily.





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FIRE RULES.

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Precautions Against Fire.

CARE, order and cleanliness are the best preventatives. Beeswax and turpentine, floor polish, cleaning cloths and all other inflammable materials must be kept in safe places.

Waste paper and rubbish must never be allowed to accumulate.

Protect all fireplaces with a guard. Coals must never be piled upon a fire so that any can fall out as the fire burns away. Live coals or burning paper must never be carried from one room to another.

Paraffin and other inflammable liquids must not be used to light or "brighten" a fire.

Safety matches only may be used.

Any smell of gas must be at once reported. Do not seek for an escape of gas with a light, but at once open all doors and windows, extinguish naked lights near at hand, and if the escape cannot be readily stopped turn off the gas at the meter. An escape from a defective pipe can be temporarily stopped by soap or putty.

Any irregularity in the electric lights which may cause fusing must be at once reported.

A smell of burning or unusual smoke must be immediately reported, and its source ascertained without a moment's delay.

Indoor Appliances.

Every member of the Staff must be familiar with the position and manner of using the various appliances provided against fire.

The Charge Attendants and Ward Sisters are responsible for the appliances in their respective departments being in good working order, and in their appointed places. They are also required to see that the exit staircases are free from obstruction.

Should any piece of apparatus be defective, written information should be given at once to the Secretary.

In every department the following appliances are available :—

Fire Extinguishers.

Fire Buckets.—These must always be kept full of water.

Corridor Fire Pumps are on each landing, and can be wheeled as close as possible to the fire.

Exit Staircases—The keys to open the fire staircases will be found in glass boxes.

Automatic Fire Alarm Boxes are in every department (usually in or near the Kitchens in the Wards), and in connection with some of them are automatic thermometers, which give an alarm directly the temperature reaches a certain point (e.g., in the Engineer's Shop, Laundry, Steward's Store, under Stage, etc.).

On breaking the glass in one of the alarm boxes and pressing the button, fire bells will ring in the following :—

Captain of Fire Brigade's House,
Deputy Captain's House,
Superintendent's House,
Assistant Engineer's House,
as well as in other places.

The fire bells ring continuously until the danger has passed or until the responsible official stops them.

All able-bodied members of the staff are to be familiar with the position and use of all the indoor apparatus and escape stairs.

Outside Appliances.

Every male employee must be thoroughly familiar with the position and manner of using the following appliances in case of fire :—

The Fire Hydrants.

The Hose and Branch Pipes.

The Fire Escapes and Ladders.

Fire drills will be held quarterly, so that every attendant, artisan and other male employee may know the exact position of the above appliances and be proficient in their use.

The Fire Brigade

consists of the Captain and two Deputies. They will have the assistance of the Indicator Officer in control of the telephones.

The Captain is in charge of all operations in case of fire, and his orders are then binding on all the staff, except those with definitely assigned duties.

He is responsible for :—

- (1) Organization of the Fire Brigade.
- (2) The training of the staff in the use of fire appliances and exit stairs.
- (3) Reporting all cases of neglect of fire duty, defects of apparatus, or anything that interferes with efficiency.
- (4) Once a year, giving to the Committee a written report of his work.

When a fire occurs, the Captain and his Deputies are to go immediately to it and endeavour to extinguish it. If it is too large to be put out readily, he must at once summon the York City Fire Brigade (Telephone Dial O), and one of the deputies or other member of the brigade must immediately organize the removal of all patients who are in prospective or actual danger, to a place of safety.

Meanwhile the Captain must supervise all efforts being made to extinguish the fire.

The Indicator Officer, or her Deputy, will be in full authority in the front hall and be responsible for the indicator, the telephones, and the handing on of messages and orders.

If additional help is needed at the site of the fire, or anywhere else, the Indicator Officer will be able to summon assistance from portions of the institution not in danger.

FIRE RULES.

Approved by the Retreat Committee, August, 1921.

Precautions Against Fire.

CARE, order and cleanliness are the best preventatives. Special care should be taken with all moveable lights and candles.

Beeswax and turpentine, floor polish, cleaning cloths and all other inflammable materials must be kept in safe places.

Waste paper and rubbish must never be allowed to accumulate.

Protect all fireplaces with a guard. Coals must never be piled upon a fire so that any can fall out as the fire burns away. Live coals must never be carried from one room to another.

Wood must not be left to dry before or near a fire.

Clothes which are drying must always be placed so that no spark or ember can possibly reach them.

Safety matches only may be used.

When candles are used they must be protected with glass shades.

Any smell of gas must be at once reported. Do not seek for an escape of gas with a light, but at once open all doors and windows, extinguish naked lights near at hand, and if the escape cannot be readily stopped turn off the gas at the meter. An escape from a defective pipe can be temporarily stopped by soap or putty. Gas in patient's bedrooms must be turned off by the tap outside whenever possible.

A smell of burning or unusual smoke must be immediately reported, and its source ascertained without a moment's delay.

Indoor Appliances for Use in case of Fire.

Every member of the Staff must be familiar with the position and manner of using the various appliances provided against fire.

The Charge Attendants and Ward Sisters are responsible for the appliances in their respective departments being in good working order, and in their appointed places. They are also required to see that the exit staircases are free from obstruction.

Should any piece of apparatus be defective, written information should be given at once to the Engineer.

In every department the following appliances are available :—

Fire Extinctors.

Fire Buckets.—These must always be kept full of water.

Foot Pumps—To be used with a fire bucket to give a jet of water.

Corridor Fire Pumps are on each landing, and can be wheeled as close as possible to the fire.

Hatchets to break windows if needed.

Exit Staircases—The keys to open the fire staircases will be found in glass boxes.

Automatic Fire Alarm Boxes are in every department, and in connection with some of them are automatic thermometers, which give an alarm directly the temperature reaches a certain point (*e.g.*, in the Joiner's Shop, Laundry and Steward's Office).

On breaking the glass in one of the alarm boxes, fire bells will ring among other places, in the following :—

Captain of Fire Brigade's House.
 Deputy Captain's Room.
 Superintendent's House.
 Assistant Superintendent's House.
 Secretary's House.
 Nurses' Hostel.
 Engineer's House.
 Engineer's Basement.
 First Gallery.
 Nurses' Home.
 Top Centre.
 Lower Centre.
 Gentleman's Lodge.

The fire bells ring continuously until the danger has passed or until the responsible official stops them.

Outside Appliances in case of Fire.

Every male servant must be thoroughly familiar with the position and manner of using the following appliances in case of fire :—

The Fire Hydrants.

The Hose and Branch Pipes.

The Fire Escapes and Ladders.

Fire drills will be frequently held, so that every attendant, artisan and male servant may know the exact position of the above appliances and be proficient in their use.

The Fire Brigade

consists of the Men's Captain, the Women's Captain, and their Deputies, together with two men and two women on special fire duty. They will have the assistance of the Indicator Officer in control of the telephones.

The Men's Captain will have three deputies, so that at any time, day or night, he, or a deputy, will be free to go to the site of a fire immediately an alarm is raised.

He is in charge of all operations in case of fire, and his orders are then binding on all the staff, except those with definitely assigned duties.

He is responsible for :—

- (1) Organisation of the Fire Brigade.
- (2) The training of the staff in the use of fire appliances and exit stairs.
- (3) Reporting all cases of neglect of fire duty, defects of apparatus, or anything that interferes with efficiency.
- (4) Once in three months, giving to the Committee a written report of his work.

When a fire occurs, the Captain and his deputies are to go immediately to it and endeavour to extinguish it. If it is too large to be put out readily, one of the deputies or other member of the brigade must at once organise the removal of all patients who are in prospective or actual danger, to a place of safety.

Meanwhile the Captain must supervise all efforts being made to extinguish the fire.

If he finds the fire is beyond control, he has authority, at his discretion, to call the York City Fire Brigade.

The respective duties of the men's captain, and the women's captain cannot be defined in advance, but they will have practised together so as to understand one another.

The women's captain will :—

- (1) Organise the women's section of the fire brigade.
- (2) Train the women's staff in the use of apparatus and exits.

The Women's Captain or her deputies are, in like manner, to proceed to the site of the fire immediately an alarm is given. The two members of the female staff on special fire duty are also to go immediately to the fire.

- (3) If the fire is on the Women's Side, the Women's Captain or, in her absence the senior deputy, must at once organise the removal of all women patients to a place of safety. If the fire is on the men's side, she will organise a constant supply of water and bring buckets, foot pumps, and extinguishers.

The Indicator Officer, or her deputy, will be in full authority in the front hall and be responsible for the indicator, the telephones, and the handing on of messages and orders.

If additional help is needed at the site of the fire, or anywhere else, the indicator officer will be able to summon assistance from portions of the institution not in danger.

All able-bodied members of the staff are to be familiar with the position and use of all the indoor apparatus and escape stairs. The respective captains will be responsible for preparing a rota, and they will submit at least once a week to the Superintendent, the names of members required for special fire duty. This will only be needed when the numbers of the staff on the premises are so reduced that none are free to give assistance in case of fire.

When the Fire Bells ring—

In the case of an alarm of fire, the following procedure is to be adopted :—

- (1) The Captains, Deputies, and those on special fire duty will proceed to the site of the fire.
- (2) Nurses, male and female, and ward maids will at once proceed to their respective wards, unless they are on special fire duty.
- (3) The Indicator Officer and Deputies take charge of the indicator and telephones, and hand on instructions issued by captains or deputies.
- (4) The artisans, gardeners, and those without special duties must wait in the front hall for instructions.

On Discovering a Fire

Attempt immediate extinction if the fire is within reach and it is small in compass

(a) By Smothering it—

The best way of extinguishing a small fire is to prevent access of air to it, by smothering it with a rug, coat, counterpane, blanket or heavy curtain, and then stamping upon it vigorously.

Women must be very careful of their own clothing in doing this, and remember that flannelette, cotton, and muslin are very inflammable.

(b) Throwing Water—

In throwing water over a fire, remember that unless a large supply is close at hand, the water must not be wasted, and that as large a surface as possible of the burning material should be wetted.

Bring one or more **Extinctors** to the fire, and direct the jet of water over the fire.

Supplement this with **Buckets** and **Foot Pump**, and the **Corridor Fire-pump**.

In case of **A SERIOUS OUTBREAK OF FIRE** which cannot be immediately extinguished

- (1) Break the glass of the nearest alarm box.
This should bring the fire brigade in less than two minutes.
- (2) Quietly call up the members of the staff near at hand, and send one to call the Medical Officers.
- (3) Take the following measures without waiting for assistance :-
 - (a) **If patients are in danger.**
 - (1) Open all bedroom doors, beginning with those nearest the fire.
 - (2) Open doors to exit stairs and leave them all open.
 - (b) **If no immediate danger to life.**
 - (1) Turn on water in nearest bath.
 - (2) Close all windows and doors near fire.
 - (3) Bring up Extinctors and Corridor Fire Pump.

SPECIAL POINTS.

The Safety of the Patients must be the first consideration.

Calm and Orderly Conduct on the part of the staff will inspire confidence in the patients and prevent panic. The patients and staff should be roused as quietly as possible. **Suicidal patients must not be left.**

When Smoke is thick.—If necessary to cross a room, or pass along a corridor, cover your mouth with wet flannel or stocking or handkerchief, and crawl on hands and knees.

Clothing on Fire.—The person must lie down, and be rolled tightly in a rug, blanket, or thick shawl.

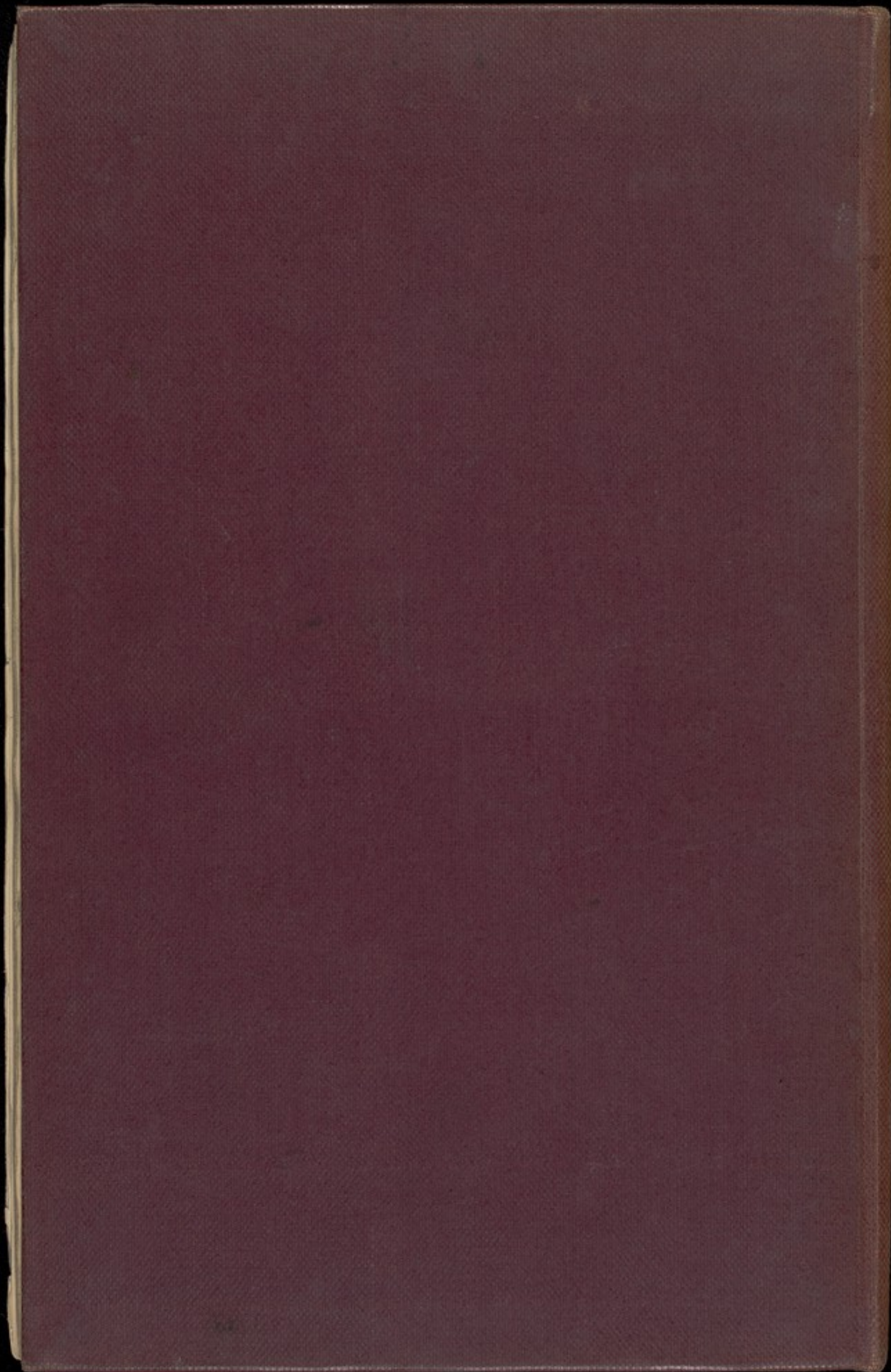
Chimney on Fire.—Rake out fire and block chimney with wet sack, dust sheet, or anything that will cut off the supply of air yet will not burn readily.



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Rules for Nurses
AT
The Retreat, York.

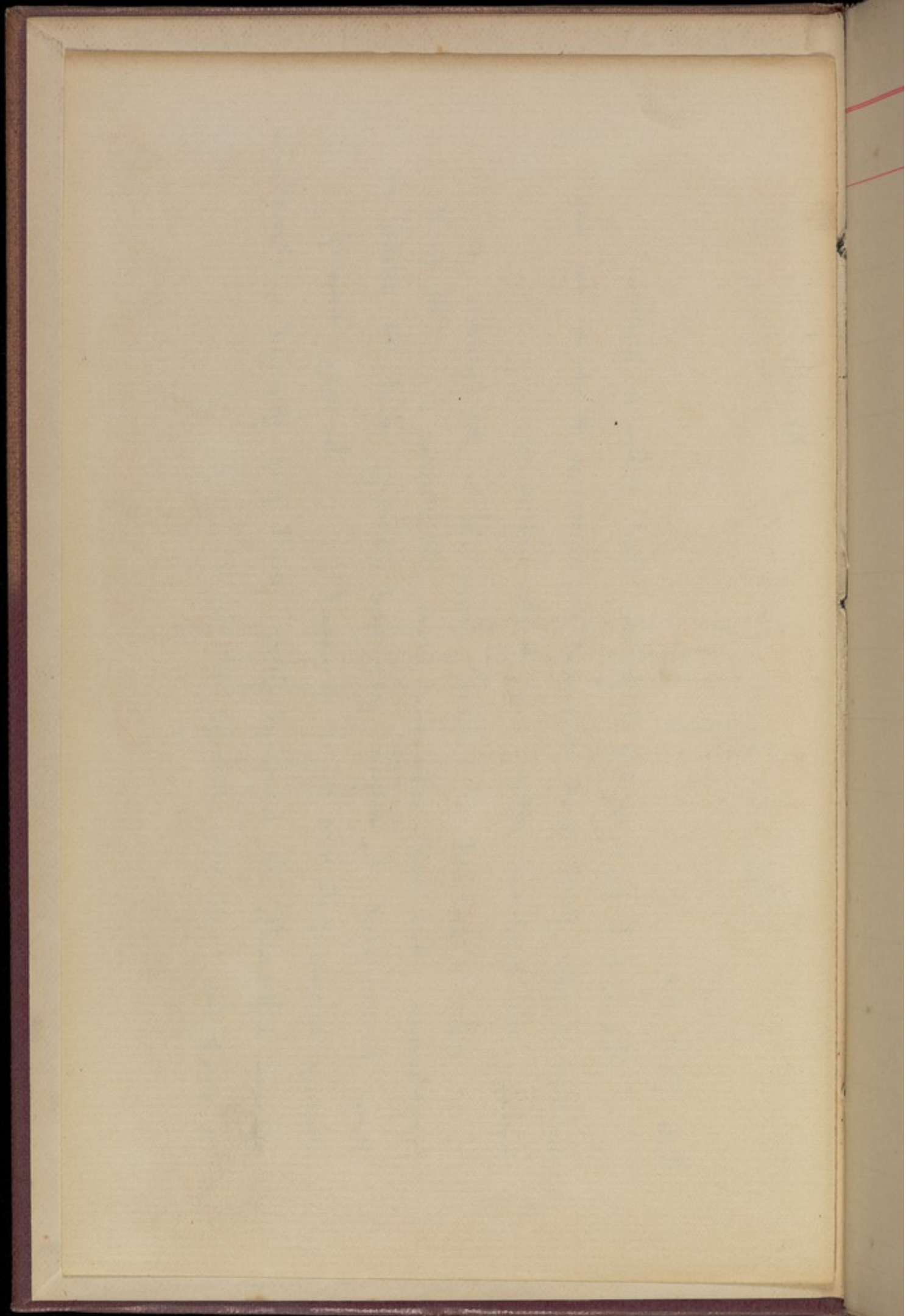
NOTICE.

This book is the property of the Institution, and if lost, destroyed, or rendered unfit for future use, the person responsible for it will be liable to a fine of five shillings.

It must on no account be taken away from the Hospital except when a nurse is engaged in outside work, and it must not be shewn to any patient.

Read to Sister
21 March 1902

Patients refusing food



Patient refusing food

Read to Sister

21 May 1905.

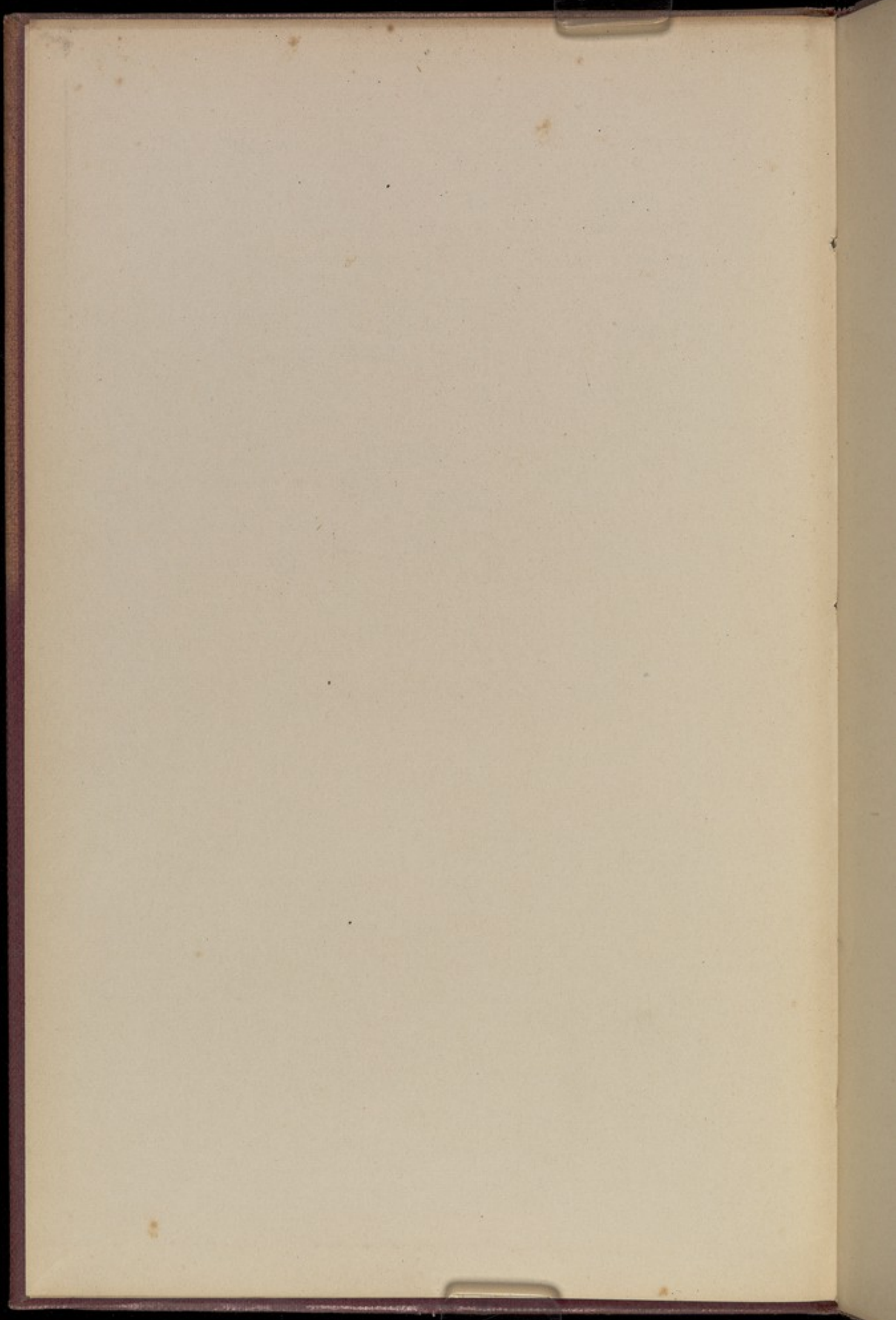
Rule XXXII (2).

This is to be interpreted to mean that when a patient declines to take food and cannot be induced to do so by one nurse the medical officer is to be informed.

When a patient is violent, resistive or demyrrous, or troublesome but not refusing food, the nurse serving the food may be assisted by ^{one other} ~~others~~, provided always that the Sister or charge nurse of the ward is present. In any case of special difficulty the medical officer will give special instructions to meet the requirements of the case.

DATE.

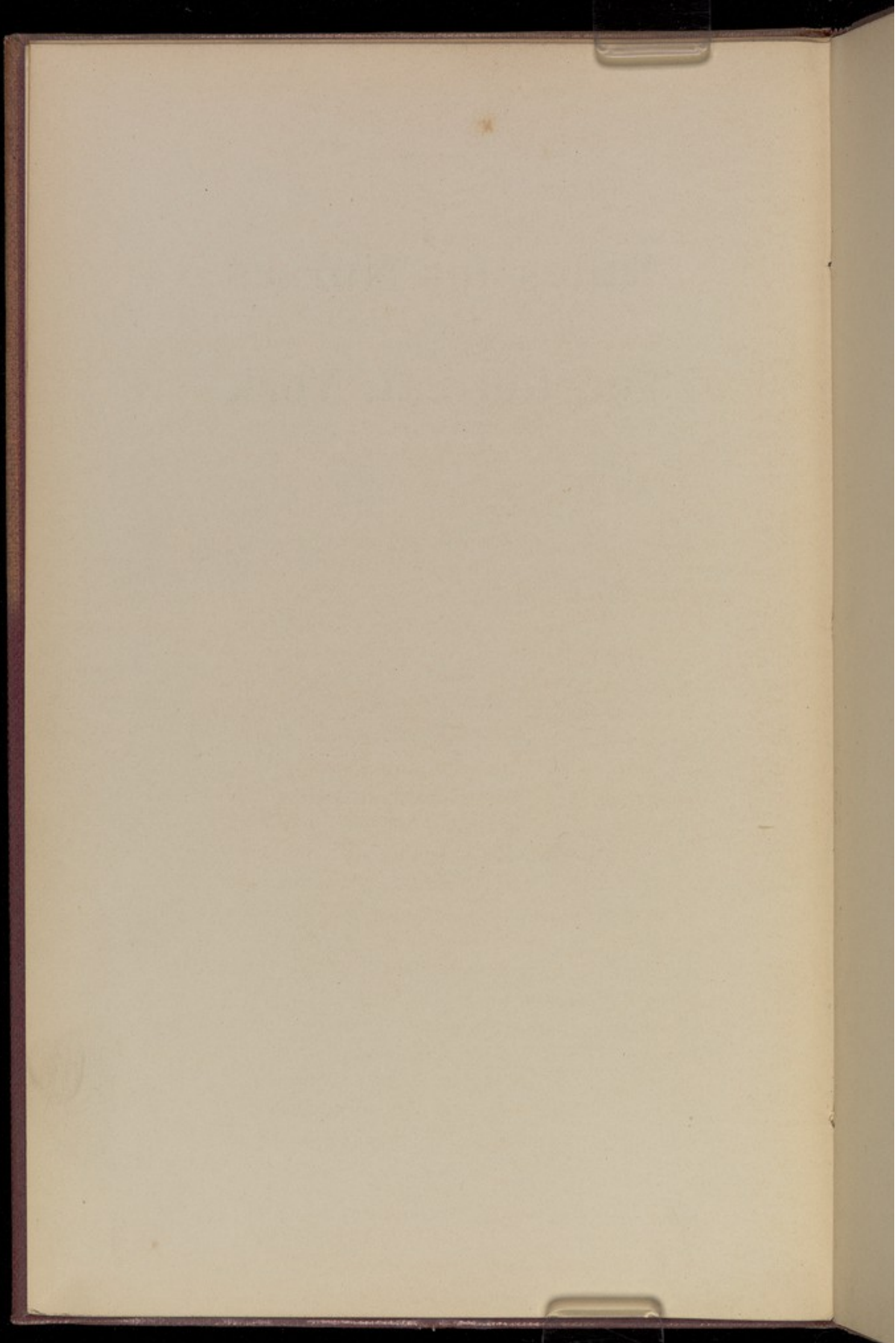
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Rules for Nurses
AT
The Retreat, York.

APPROVED BY THE COMMITTEE OF THE RETREAT
MAY 13TH, 1902

YORK:
William Sessions, Printer, 30, Coney Street.
1902.



INTRODUCTION.

The Retreat was founded in 1792 by William Tuke, Lindley Murray, and other members of the Society of Friends, in order to provide a home for the care of persons afflicted in mind, where they would be treated, not with the harsh methods then customary, but with kindness and sympathy. It was, moreover, the first Institution for the Insane in this country to adopt and carry out such humane treatment, and the principles then adopted are now generally recognised.

From the first, persons were admitted at nominal rates and in many cases without any payment whatsoever. The charitable aims of the founders are still kept in view, and about one-third of the patients are received at rates much below their cost.

The government of the Retreat is vested in 40 Directors who appoint the Committee of Management; the Directors and Committee rendering purely honorary service.

The Committee are wishful that the high ideals of the founders should ever influence the Staff, so that the traditions of the Retreat may be worthily upheld. For its good management, due order and discipline are necessary, and the following Rules and Instructions have accordingly been drawn up with the intention of assisting the Nurses in the faithful and intelligent execution of their duties.

The Committee recognise that the work of nursing the insane is frequently arduous, and calls for much self-denial and patience. Mental disorder is one of the saddest forms of human affliction, and those who honestly strive to alleviate this suffering, and to minister to the needs of the afflicted in mind, are undoubtedly performing true Christian service. The Committee extend to the nurses warm sympathy and encouragement in their work.

RULES FOR NURSES.

I.

General observations on the treatment of patients.

It must always be remembered that the comfort and happiness of the patients, and in many cases the prospect of their recovery, largely depend upon the manner in which the nurses perform their duties.

Kindness, tact, firmness and good temper; thoughtful attention to duty, patient obedience to orders, kindly interest in each patient, and orderly neatness in ward duties are the characteristics of every good nurse.

II.

Straight-forwardness essential.

It should be the aim of every nurse to win the confidence and respect of patients under her care; this can only be attained by being straightforward and upright in all her dealings with them. Nurses must never make promises which they cannot perform, and must always avoid deception and prevarication.

III.

The patients must always be treated with uniform kindness.

Penalties for unkindness.

Any ill-treatment, unkindness or harshness in word or deed will render a nurse liable to immediate suspension and subsequent dismissal. The penalties imposed by law for ill-treating or wilfully neglecting a patient are stated in the appendix. (See page 15).

A nurse concealing the ill-treatment of a patient by another nurse will be considered equally guilty.

When it is necessary to exercise authority over patients the nurse must never be peremptory or speak harshly : firmness must be associated with gentleness of manner, having due regard to the patient's feelings and limitations.

IV.

Control of
violent
patients.

Should it be absolutely necessary to control a violent patient, additional assistance must be procured. When the patient sees that resistance is useless she will seldom attempt it.

No nurse must ever struggle single handed with a patient except under grave emergency.

Should a struggle be unavoidable the knees or elbows must never be placed upon the body of the patient.

V.

Care of
Suicidal
Cases.

Special "Suicidal notices" are issued by the medical officers for every patient disposed to self-injury, and each nurse in the ward is required to sign an acknowledgement.

When the notice says the patient is to be under "continuous observation," she must not be left alone on any pretext, day or night. "Close observation" means less rigid supervision ; the nurse must know where the patient is and what she is doing, and must closely, but not necessarily continuously, observe her actions.

VI.

Seclusion
and restraint.

Seclusion is defined by the Commissioners in Lunacy as "the enforced isolation of a patient by day, between the hours of 7 a.m. and 7 p.m., by the closing, by any means whatsoever, of the door of the room in which the patient is." No patient

may be secluded without the sanction of a medical officer.

No patient may be restrained by any mechanical means whatever unless the Medical Superintendent should expressly direct the same.

VII.

Occupations
of patients.

Nurses must encourage patients to occupy themselves usefully, and, as far as their duties permit, assist in their amusements and other pursuits. They must not restrict amusements to the more intelligent, but endeavour to rouse the interest of all.

VIII.

No favourites. Nurses must refrain from making favourites of individual patients and avoid undue intimacy with any of them.

IX.

Attitude
towards
delusions.

Nurses should avoid talking to patients on the subject of their delusions and on no account argue with them, but on the contrary endeavour to interest them in other matters, or in some other way divert their attention. It must, however, be remembered that nurses have constant opportunities of observing the patient's mental condition, and it is an important part of their duty to inform the Medical Officer of any concealed delusions or peculiarity.

X.

Exercise.
Fresh air.

Every patient must be encouraged to take a liberal amount of exercise daily in the open air.

Pure air in the wards and dormitories is of first importance; the various rooms and corridors must be freely ventilated, and all windows should be open whenever possible, consistently with the comfort of the patients.

XI.

Cleanliness. Nurses are reminded that thorough cleanliness is of the utmost importance for the maintenance of the health of the household.

Rubbish must not be allowed to accumulate, and soiled clothing must be immediately removed from the bedrooms. It is a nurse's duty to fight dirt as well as disease.

XII.

Keys and knives.

Keys must be displayed as little as possible and care must be taken to avoid noise in using them. Pass-keys are not to be lent to patients. Any nurse losing keys, knives, or scissors, must instantly report the loss. The leave of all nurses in the department may be stopped until the lost articles are recovered.

Nurses going beyond the grounds must leave their keys with the gatekeeper.

XIII.

Confidential position.

Nurses in the Retreat must understand that they hold a confidential and responsible position. They are strictly forbidden to gossip about the patients or their doings, and the names of the patients must not be mentioned in the presence of strangers. Correspondence with the friends of the patients is not allowed.

XIV.

Letters.

The letters written by patients are to be placed in the box for the purpose, or given to one of the medical officers. Nurses are not permitted to post letters for patients nor to assist them to

communicate with persons outside the institution, except when authorised by the Medical Superintendent.

XV.

Visitors. No nurse may entertain any visitor, nor may a visitor be admitted to see the Institution, or have access to any of the galleries or dayrooms without the permission of the Matron or one of the Medical Officers.

XVI.

Gratuities. Nurses are not allowed to receive perquisites of any kind, nor to buy or to sell anything from or to the patients, nor to receive gifts or money from the patients or their friends, nor from visitors to the Institution without the consent of the Medical Superintendent.

XVII.

Male and female departments. Without special authority attendants and men servants are not to be admitted to the galleries, day-rooms, or private pleasure grounds on the women's side; nor must nurses enter the men's departments.

Before breakfast and after sunset, nurses are not allowed to use the general pleasure grounds, but only the private gardens used by the female patients, viz.—the terrace, West Villa and Ladies' Inner Gardens.

XVIII.

Stimulants. Nurses whilst on the Retreat premises, are required to abstain from alcoholic beverages, unless prescribed for medicinal purposes by one of the Medical Officers.

XIX.

Loyalty to
Retreat.

If any servant of the Retreat is aware of serious misconduct on the part of any one employed in the Institution, a report must be made to one of the officers. It follows therefore that any ill-treatment of a patient or anything likely to injure the patients or the property of the Retreat, or that may bring discredit upon the Institution must be reported without delay to the Medical Superintendent or his deputy.

XX.

General
duties of
Sisters.

(1) The Sisters are responsible for the welfare of the patients in their wards and the good order of the rooms, furniture and clothing.

(2) The Sisters must immediately report to a Medical Officer any unusual illness, accident or injury.

Reports.

Every evening she must give a written report to the Matron upon the events of the day, especially noting :—

The occurrence of fits, accidents, violence, complaints or any unusual circumstances.

What patients have been visited and by whom.

What patients have been beyond the grounds and with whom.

Names of patients in bed, refusing food, or under treatment.

Duration of seclusion (if any).

Illness of any of the Staff.

Medicines. (3) Drugs and medicines must be kept under lock and key in the cupboard for that purpose. The Sisters are responsible for their care and distribution.

Weighing. (4) All patients must be weighed monthly, and a record of the weights kept for reference.

Inventories. (5) Careful inventories of all the belongings of the patients, of the cutlery and household linen are to be kept by the Sisters and revised at least every six months.

Lists of the Linen sent to the wash each week must be kept, and if any articles are not returned within eight days written reports must be made to the Housekeeper.

Maintenance of order. (6) The Sisters are expected to maintain discipline during hours of duty, and to supervise efficiently the work of the nurses and maids in their wards. They are to teach the probationers their duties, and as far as possible assist in their training.

Instructions to deputy. (7) Before going off duty each Sister must fully inform her deputy respecting the needs of her patients, especially in the case of the sick or infirm.

Information necessary for the guidance of the night nurses must be written each evening in the night report book, and before leaving the ward the Sister must satisfy herself as to the safety and comfort of all her patients.

XXI.

New patients. (1) New patients should be treated with marked kindness. There should be no deception or con-

cealment as to where they are, but everything must be done to reassure and comfort them. They must be dealt with very cautiously until their habits and tendencies become known.

(2) Unless instructions to the contrary are received, every patient, as soon after admission as convenient, is to be given a bath by the Sister of the ward (vide Bathroom rules). She must be weighed and measured and her temperature taken, and her pulse and respirations counted. Report as to injuries or any abnormal conditions must be promptly made, in writing, to the Medical Officer on duty.

(3). The Sister in charge must also make a careful inventory of the clothing and other belongings of the patient ; valuables and money must be taken to the office for registration, and knives, matches and other dangerous articles taken away and locked up safely.

XXII.

Meals.

(1) The Sisters are also responsible for the proper service of the meals required in the wards and in particular they are to supervise the feeding of the sick and infirm.

(2) In the event of a patient not taking sufficient food, report must be made to a Medical Officer at his next visit. Nurses are not to administer food forcibly under any circumstances. The utmost tact and patience must be exercised in such cases ; small quantities only should be presented, and the reasonable wishes of the patient met as far as practicable.

(3) Waste must be avoided and no patient should be allowed to take too much food.

(4) No extra diet must be given without a written order from a Medical Officer.

(5) Knives and forks must be counted after every meal.

XXIII.

Bathing.

(1) The Sisters are personally responsible for the bathing of the patients.

(2) Every patient as soon after admission as possible, once each week afterwards, and immediately before discharge, shall have a warm bath unless a Medical Officer gives directions to the contrary. Any injuries, eruptions, or signs of disease that may be noticed must immediately be reported to the Matron.

(3) No patient refusing to take a bath shall be compelled to do so without medical authority. In all cases where compulsion is sanctioned the Matron must be informed when the bath is to be given. No patient's head is under any pretext to be forced under water.

(4) Without the sanction of a Medical Officer no patient shall be allowed to take a bath except in the presence of a nurse; nor shall a patient be left alone during any bathing operations.

(5) In preparing a bath the cold water is always to be turned on first and the hot water added afterwards until the bath reaches a temperature of not less than 90 and not more than 97 degrees of the thermometer, Fahrenheit scale. The ther-

thermometer is to be used in every bath and the temperature must never be guessed at, nor judged by the hand. In case the thermometer is injured or broken all bathing shall be suspended until another has been procured.

(6) Every patient after the weekly bath is to be provided with clean underclothing.

(7) The cases covering the taps are to be kept locked when the baths are not in use and no patient is ever to be permitted to turn on the water.

(8) Cold, shower, Turkish and all kinds of special baths are only to be given or allowed in accordance with orders from a Medical Officer.

XXIV.

Nursing at
night.

(1) The Night Sister is responsible for the welfare and safety of the female patients during the night. She must visit or cause to be visited each of the female wards at least once an hour, and shall pay particular attention to the sick and infirm, the suicidal, and those of unclean habits.

In the event of any sudden illness, unusual change, or unexpected death of a patient a Medical Officer must be at once informed.

(2) The night nurses must constantly be on guard against an outbreak of fire and be familiar with the position of and manner of using the fire appliances and escape staircases.

(3) The Night Sister shall see that the day nurses and maids are in their bedrooms, and lights extinguished, at the appointed time.

(4) Before going off duty the night sister must enter in the night report book in each ward particulars as to sleep and any change in the patients during the night, and she is to supply to the medical officers a detailed report of the events of the night in the book provided for the purpose.

XXV.

Nurses' daily duties.

(1) When on duty Nurses and Probationer are responsible to the Sisters, whose instructions they must faithfully carry out.

(2) They are not to leave the ward without the sister's permission.

(3) Punctuality in all the daily routine must be strictly observed.

(4) All works borrowed from the Nurses' library are to be duly entered in the book provided; they must not be left about nor lent to patients.

XXVI.

Lectures and Examinations.

Nurses must diligently attend the lectures, demonstrations and periodical examinations. They are expected to enter for the examination for the certificate of the Medico-psychological Association, and for the Certificate of Training given by the Retreat Committee.

XXVII.

Leave of absence.

All leave of absence is conditional upon the needs of the Institution. In case of emergency any nurse may be required to remain on duty.

Nurses must not absent themselves beyond the allotted time without the express sanction of the

Matron. If from illness or other cause a nurse cannot return at the appointed hour the Matron must be informed at once by wire or messenger.

XXVIII.

Precautions
against fire.

(1) Care, order, and cleanliness are the best preventives against fire, especially care with mineral and other inflammable oils and spirits, and with all movable lamps and candles.

(2) Protect all fireplaces with a guard. Coals should never be piled upon the top bar of a grate. Live coals must never be carried from one room to another. Ashes must not be thrown out until thoroughly extinguished. Do not leave wood to dry before a fire, or in an oven, during the night, nor leave clothes drying so that a coal could possibly reach them.

(3) Use only safety matches, and do not leave them lying about. See that every match used is quite extinguished before it is left. Matches may not be given to patients.

(4) All candles in use must be protected with a glass shade. No candle or gas flame must be so situated that a curtain or loose papers can be blown into it.

(5) Any smell of gas must be at once reported. Do not seek for the escape with a light. When an escape of gas is discovered, open all the doors and windows, extinguish all fires and lights, and turn off the gas at the meter.

(6) Gas in Patients' Bedrooms must be turned out by the tap outside.

(7) A smell of burning or an excess of smoke must be reported at once, and its source ascertained without delay.

(8) Fire buckets must always be kept full of water, and in the places appointed for them.

XXIX.

Instructions
in case of
fire.

1. Do not act hurriedly, but think first what is best to be done, and then prompt action may prevent a serious fire. The safety of the Patients must be the first consideration, and measures for extinguishing the fire the second.

2. The best way of extinguishing a small fire is to prevent the access of air to it, by smothering it with a rug, coat, counterpane, blanket, or heavy curtains, and then stamping upon it vigorously. In doing this women must be very careful of their own clothing. In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted; and that as large a surface as possible of the burning material must be covered with water lightly thrown over it. For this purpose a hand-pump is better than a bucket.

3. If the fire cannot be put out at once by these measures,

(i) Break the glass of the nearest Fire Alarm Box—this will summon the Fire Brigade and the Officers of the Retreat.

(ii) Call up the Nurses and Maids near at hand.

4. Close windows and doors near a fire, at once.

5. If smoke is thick, and it is necessary to pass along a passage or across a room, cover mouth and nose with a wet flannel, handkerchief, or stocking, and crawl along on hands and knees.

6. If the clothes catch fire, the person should immediately lie down upon a rug, blanket, or thick shawl, and roll it tightly round the limbs and body.

Rules for Nurses engaged in private nursing and having charge of patients outside the Institution.

The Rules for Nurses at the Retreat, except such as are, on the face of them, clearly inapplicable, regulate the conduct of Retreat nurses in charge of patients privately. Such nurses should remember that, though away from the Retreat, they still belong to it, and that their position is one which specially calls for loyalty to its traditions, and regard for its reputation.

The Medical Attendant responsible. 1. The nurse must look to the Medical Attendant for her instructions, and faithfully carry them out. She must inform him promptly and without reservation of everything of importance respecting the health and conduct of her patient.

Diary and reports. 2. The nurse must day by day enter in her diary all facts of importance relative to the case under her care. In particular, any points of difficulty which may arise must be promptly recorded. In acute cases the nurse must also keep a record of all the events of the day, noting details as to the mental and bodily condition of the patient. This record should be produced for the inspection of the Medical Attendant at each visit.

Patient not usually certified 3. Unlike the patients at the Retreat, who, as a rule, are certified as of unsound mind, patients under private care are usually not so certified, and in consequence there is seldom any legal authority for limiting their freedom.

A nurse must not, therefore, on her own responsibility, interfere with the freedom or with the correspondence of a patient. If circumstances render such course necessary it must only be taken under definite instructions from the Medical Attendant and of a responsible relative of the patient.

Letters. Letters addressed to the Medical Attendant, the legal adviser of the patient, or to the Commissioners in Lunacy, must not under any circumstances be delayed or interfered with.

Straight-forward dealing essential. 4. The observance of No. II. of the Retreat Rules, respecting straightforward dealing with patients, presents many difficulties in private nursing. The nurse is, however, strictly enjoined not to be party to any deception of a patient, and to avoid making promises she cannot perform.

Confidential position of nurse. 5. The confidential nature of the work must ever be borne in mind. The nurse must strictly abstain from gossip and avoid undue intimacy with any member of the household.

She should be careful not to give needless trouble in the house, and should make her own personal requirements as moderate as possible.

Suicidal patients. 6. The responsibility of declaring a patient to be suicidal rests with the Medical Attendant. In a doubtful case the nurse must ask him for clear and definite instructions in writing. No nurse must attempt the care of a patient requiring continuous observation unless sufficient relief is provided.

Seclusion.
Restraint.

7. The nurse must never on her own responsibility place a patient in seclusion or use any kind of mechanical restraint, unless there is imminent danger of serious accident and assistance cannot be obtained. In such cases the seclusion or restraint must only be maintained while the danger continues, and the fact that either has been resorted to must be reported with the least possible delay to the Medical Attendant. In every case in which seclusion or mechanical restraint is used a written report must also be made to the Medical Superintendent of the Retreat.

When in
difficulty.

8. If a nurse is asked, by whomsoever it may be, to do anything inconsistent with these rules she must communicate at once with the Matron or Medical Superintendent of the Retreat. She should also do so freely when in doubt as to her right course of action in any case. She must inform the Matron without delay, if from ill-health or any other reason she is unable properly to discharge her duties.

STATUTORY PENALTIES.

LUNACY ACT, 1890. (Sec. 322 and Sec. 323).

“If any manager, officer, nurse, attendant, servant or other person employed in an Institution for lunatics, or any person having charge of a lunatic, illtreats or wilfully neglects a patient, he shall be guilty of misdemeanour, and, on conviction or indictment, shall be liable to fine or imprisonment at the discretion of the court, or be liable on summary conviction for every offence to a penalty not exceeding twenty pounds nor less than two pounds.”

“If any manager, officer or servant in an institution for lunatics wilfully permits, or assists, or connives at the escape or attempted escape of a patient, or secretes a patient, he shall for every offence be liable to a penalty not exceeding twenty pounds nor less than two pounds.”

TIME TABLE.

6-30 a.m.	Nurses' Breakfast.	} $\frac{1}{2}$ hour later on Sundays.
7-0 a.m.	Nurses on duty.	
7-30 a.m.	Sisters' Breakfast.	
7-50 a.m.	Night Nurses off duty.	
8-0 a.m.	Sisters on duty. Night Nurses' Dinner.	
10-30 a.m.	Sister and Nurse on the Terrace.	
11-30 a.m.	Night Nurses in bed. (Wednesdays and Saturdays at 9 a.m.).	
12-0 noon.	First Dinner for Nurses.	
1-0 p.m.	Second Dinner for Nurses.	
1-15 p.m.	Sisters' Dinner.	
2-30 p.m.	Sister and Nurse on Terrace.	
4-30 p.m.	First Tea for Nurses.	
5-0 p.m.	Second Tea for Nurses.	
8-0 p.m.	Night Nurses' Breakfast.	
8-30 p.m.	Nurses' Supper. Night Nurses on duty (Wednesdays and Saturdays 9-0 p.m.).	
8-45 p.m.	Sisters' Supper.	
9-30 p.m.	Night Sister on duty.	
10-0 p.m.	Nurses in bedrooms.	
10-30 p.m.	Nurses in bed and lights out.	

LEAVE OF ABSENCE.

One half-day and one whole day on alternate weeks. A half-day on two consecutive Sundays: on the third Sunday one hour. Once in three weeks, four hours on Saturday or Monday. One hour each full working day exclusive of meal times.

Night Nurses—1 Night every three weeks.

HOLIDAYS.

Sisters—3 weeks.

Nurses—2 weeks, in 3rd and 4th years 3 weeks.

Special Probationers—3 weeks.

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FIRE RULES.

PRECAUTIONS.

CARE, order and cleanliness are the best preventives, especially care with all moveable lamps and candles. Beeswax and turpentine, floor polish, cleaning cloths are inflammable, and must be kept in safe places. Waste paper and rubbish must never be allowed to accumulate.

Protect all fireplaces with a guard. Coals must never be piled upon a fire so that any can fall out as the fire burns away. Live coals must never be carried from one room to another. Wood must not be left to dry before or near the fire. Clothes drying must always be placed so that no spark or ember could possibly reach them.

Safety matches only may be used.

All candles in use must be protected with a glass shade.

Any smell of gas must be at once reported. Do not seek for an escape of gas with a light. When there is an escape of gas, open all doors and windows, extinguish lights and fires near at hand, and if not readily stopped, turn off the gas at the meter. An escape from a defective pipe can be temporarily stopped by soap or putty. Gas in patients' bedrooms must be turned off by the tap outside whenever possible.

A smell of burning or unusual smoke must be immediately reported, and its source ascertained without a moment's delay.

INDOOR APPLIANCES FOR USE IN CASE OF FIRE.

Every member of the Staff must be familiar with the position and manner of using the various appliances provided against fire.

The Charge Attendants and Ward Sisters are responsible for the good condition of the appliances in their respective departments, and for their being in their appointed places and in working order. They are also required to see that the exit staircases are free from obstruction.

Should any piece of apparatus be defective, written information should be given to the Captain of the Fire Brigade.

In every department the following appliances are available :—

Fire Extinctors to be carried to the fire.

These are of two kinds :—“Rex” which require to be turned upside down before using ; “Dreadnought,” in which a knob on top must be pulled up and the delivery tap turned on.

Fire Buckets must always be kept full of water.

Foot Pumps—To be used with a fire bucket to give a jet of water.

Corridor Fire Pumps are on each landing, and can be wheeled to the seat of fire.

Hatchets are in ward kitchens to break windows if needed.

Exit Staircases—The keys to open the fire staircases will be found in glass boxes.

Automatic Fire Alarm Boxes are in every department, and in connection with some of them are automatic thermometers, which give the alarm directly the temperature reaches a certain point (*i.e.*, in the Joiners' Shop, Laundry, and Steward's Office).

On breaking one of the alarm boxes, fire bells will ring in the following places :—

Captain of Brigade's House	Nurses' Home.
Deputy Captain's Room.	Top Centre.
Superintendent's House.	Lower Centre.
Engineer's House.	Gentlemen's Lodge.
Engineer's Basement.	Recreation Room.
Chief Attendant's House.	West Villa.
First Gallery.	Turkish Baths

and in the houses of members of the staff who live near the Retreat.

The fire bells will ring continuously in the case of fire in any part of the Retreat premises, except Belle Vue. If the fire be in Belle Vue House the ringing will be interrupted according to the following code, as soon as the indicator officer reaches the indicator and can locate the fire :—

Signal Code.	Fire in
Continuous ringing... Whole Retreat premises except Belle Vue.
Short rings at equal intervals Belle Vue only.

OUTSIDE APPLIANCES IN CASE OF FIRE.

Every male servant must be thoroughly familiar with the position and manner of using the following appliances for use in case of fire.

The Fire Hydrants.

The Hose and Branch Pipes.

The Fire Escape and Ladders.

Fire drills will be regularly held, so that every attendant, artisan, and male servant may know the exact position of the above appliances and be proficient in their use.

THE MEN'S FIRE BRIGADE

is constituted as follows :—

Captain.

Three Hose Men.

Two Fire Escape Men.

One Messenger.

Each of these will have a deputy to act when he is absent. Their names will be posted in the attendants' room and at the entrance gate.

A bag containing master keys will be given to the Captain, his deputy, the senior hose and escape men, and the messenger, the possession of which will mean responsibility of instant action in case of an alarm of fire.

The duties of the various members of the Brigade are briefly as follows :—

CAPTAIN, goes at once to the seat of the fire, and directs operations for its extinction. In case of fire, or an alarm of fire, every member of the Staff must carry out his directions. These will be given either personally or by messenger or by the Indicator Officer.

Whilst the Captain (or in his absence the Deputy-Captain) is to be supreme and his orders obeyed without question, the following members of the staff having special duties will not be able to render assistance :—

- (1) Attendants and Nurses having charge of suicidal patients.
- (2) The Charge Attendants and Ward Sisters, who must remain with their own patients.
- (3) Night Attendants and Nurses having charge of patients, who have not been relieved by the Day Staff.

The Captain will also regularly inspect all the fire appliances, organise fire drills, and satisfy himself that the Staff are efficient in the use of the apparatus.

The Hose Men having ascertained the seat of the fire from the indicator, connect the hose to the nearest hydrants, unless instructions are received to the contrary.

The Escape Men take the fire escape to the seat of the fire, together with spare lengths of hose.

Messenger accompanies the Captain and conveys his instructions to the Indicator Officer. He must also personally inform the Engineer in the basement of the position of the fire.

Engineer.—It will be the duty of the Engineer to maintain the fire pump in good order, to have steam up continuously, night and day, and to arrange that an Engineer who understands what to do in case of fire is always on duty in the basement.

THE WOMEN'S FIRE BRIGADE

is constituted as follows :—

Captain.

Escape Corps of four Nurses.

Bucket Corps of one Nurse and three Ward Maids.

Messengers.—Three in number.

Intelligence Officers.—Two in number, viz. :

(1) The Indicator Officer.

(2) Telephone Officer.

Each of these will have a duly appointed deputy to act, if she is absent.

The names of the women's brigade and of their deputies will be posted each week.

The Captain must satisfy herself that the women's brigade is efficient and is properly drilled. She is to see that the members of the brigade are familiar with the apparatus, the position of the fire stairs and the keys controlling them, and how patients can best be removed, if the ordinary exits are blocked.

In case of fire on the women's side, she will (under the direction of the Captain of the brigade) supervise the women's brigade. If the fire is on the men's side, she must be ready with the women's brigade to give assistance should it be needed.

Escape Corps will remove patients, who are in danger, to a safe place.

(1) They are to see that the exit staircases are open on both sides of the fire.

(2) When patients must leave their wards they should be conducted, as far as possible, along indoor routes to one of the following places :—

Recreation Room, Dining Hall, West Villa, or to the men's side, where they should be kept together.

Bucket Corps will organise a steady supply of buckets of water.

Messengers.

The First must personally call the following :—

(1) The Medical Superintendent.

(2) The Senior Assistant Medical Officer.

The Second calls the Matron and afterwards all the staff in the Top Centre.

The Third, calls the Junior Assistant Medical Officer and then all the staff in the Nurses' Home, Ninth Gallery, Centre, and East Centre.

Intelligence Officers.

INDICATOR OFFICER remains by the Indicator in the Front Hall; she is responsible

- (1) For order and discipline in the Lower Centre.
- (2) For handing on instructions received from the Captain or Medical Officers.
- (3) If the fire is at Belle Vue she must see that the ringing of the fire bells is interrupted so that the bells ring for about two seconds and are stopped for two seconds.

TELEPHONE OFFICER—Goes to the exchange to receive and hand on messages, and when instructed by the Captain or a Medical Officer, *but not before*, will summon the City Fire Brigade (Police, Telephone No. 13), and Rowntree's Fire Brigade (No. 1290).

ON DISCOVERING A FIRE

Attempt immediate extinction if within reach and it is small in compass

(a) By Smothering it—

The best way of extinguishing a small fire is to prevent access of air to it, by smothering

it with a rug, coat, counterpane, blanket or heavy curtain, and then stamping upon it vigorously.

Women must be very careful of their own clothing in doing this, and remember that flannelette, cotton, muslin are very inflammable.

(b) **Throwing Water—**

In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted, and that as large a surface as possible of the burning material should be covered. Rapid sprinkling with a large brush is therefore better than throwing on at random. Bring the **Extincto**r to the fire, and direct the jet of water over the fire.

Supplement this with **Buckets** and **Foot Pump**, and the corridor fire-pump.

(c) **Throwing on sand or the contents of the 'Kyl-Fyre' Cylinders.**

This is of great use when oil or other inflammable liquid is burning.

In case of **a Serious Outbreak of Fire** which cannot be immediately extinguished

- 1.—**Break the glass of the nearest Alarm Box**
This should bring the Fire Brigade in less than two minutes.
- 2.—Call up the members of the staff near at hand.
- 3.—Take the following measures without waiting for assistance.

(a) If Patients are in Danger.

- (1) Open bedroom doors, beginning nearest the fire.
- (2) Open exit stairs and leave open.

(b) If no immediate danger to life.

- (1) Turn on water in nearest bath.
- (2) Close all windows and doors near fire.
- (3) Bring up Corridor Fire Pump.

SPECIAL POINTS.

The Safety of the Patients must be the first consideration.

Calm and Orderly Conduct on the part of the Staff will inspire confidence in the Patients and prevent panic. The Patients and the Staff should be roused as quietly as possible.

When Smoke is Thick.—If necessary to cross a room or pass along a corridor, crawl on hands and knees, and cover mouth with wet flannel or stocking or handkerchief.

Clothing on Fire.—The person must lie down, and be rolled tightly in a rug, blanket, or thick shawl.

Chimney on Fire.—Rake out fire and block chimney with wet sack, dust sheet, or anything that will cut off the supply of air.

DUTIES OF CHARGE ATTENDANTS AND WARD SISTERS.

The Charge Attendants and the Ward Sisters (or in the event of their absence their deputies) remain with their Patients. In the event of a fire in some remote part of the Institution they should retain one Attendant or Nurse to assist them in preventing excitement and maintaining order. If the alarm bell continues ringing, collect the Patients, being sure that all are present, and be ready to remove them directly instructions are received. Suicidal Patients must not be left.

In case of fire in their own Wards the Charge Attendants and Ward Sisters will be concerned first with the safety of their Patients. They will direct operations for their removal. In doing this it must be remembered that it is not easy to be sure that all have been removed. If practicable, he or she should direct a Nurse or Attendant to count and remember the names of all who have left the Ward. It will be the particular duty of the Charge Attendants and Ward Sisters to be sure that all their Patients are safe.

In case of fire after bedtime, it must be distinctly understood that the Charge Attendant or Ward Sister is responsible for the safety of the Patients and the Staff who are actually sleeping in his or her Ward, whoever they may be.

It is consequently the duty of the Nurse in charge, before going off duty, to be quite certain who is occupying the beds in the ward.

ON AN ALARM OF FIRE.

(a)

(1)

The members of the Men's and Women's Brigades immediately go to their respective posts.

(2)

(b)

(1)

All male servants without specified duties go to the Front Hall, and await instructions.

(2)

(3)

The Indicator Officer is responsible for issuing the instructions, and must be considered as the representative for the time being of the Captain of the Brigade and the Medical Officers.

Nurses and Maids, without specified duties, go to their respective Wards.

(1) Attend to their own Patients.

(2) One must wait by the telephone to receive orders.

If not required in their own department they go to the Front Hall for instructions.

Kitchen and Laundry Maids must wait in the lower centre and be ready to receive Patients escaping from the fire at any place assigned to them.

No member of the Staff must leave the Front Hall or lower Centre unless expressly instructed to do so. This is to apply equally to alarms that appear to be due to accident or some mistake.

*Approved by the Retreat Committee,
December 21st, 1915.*

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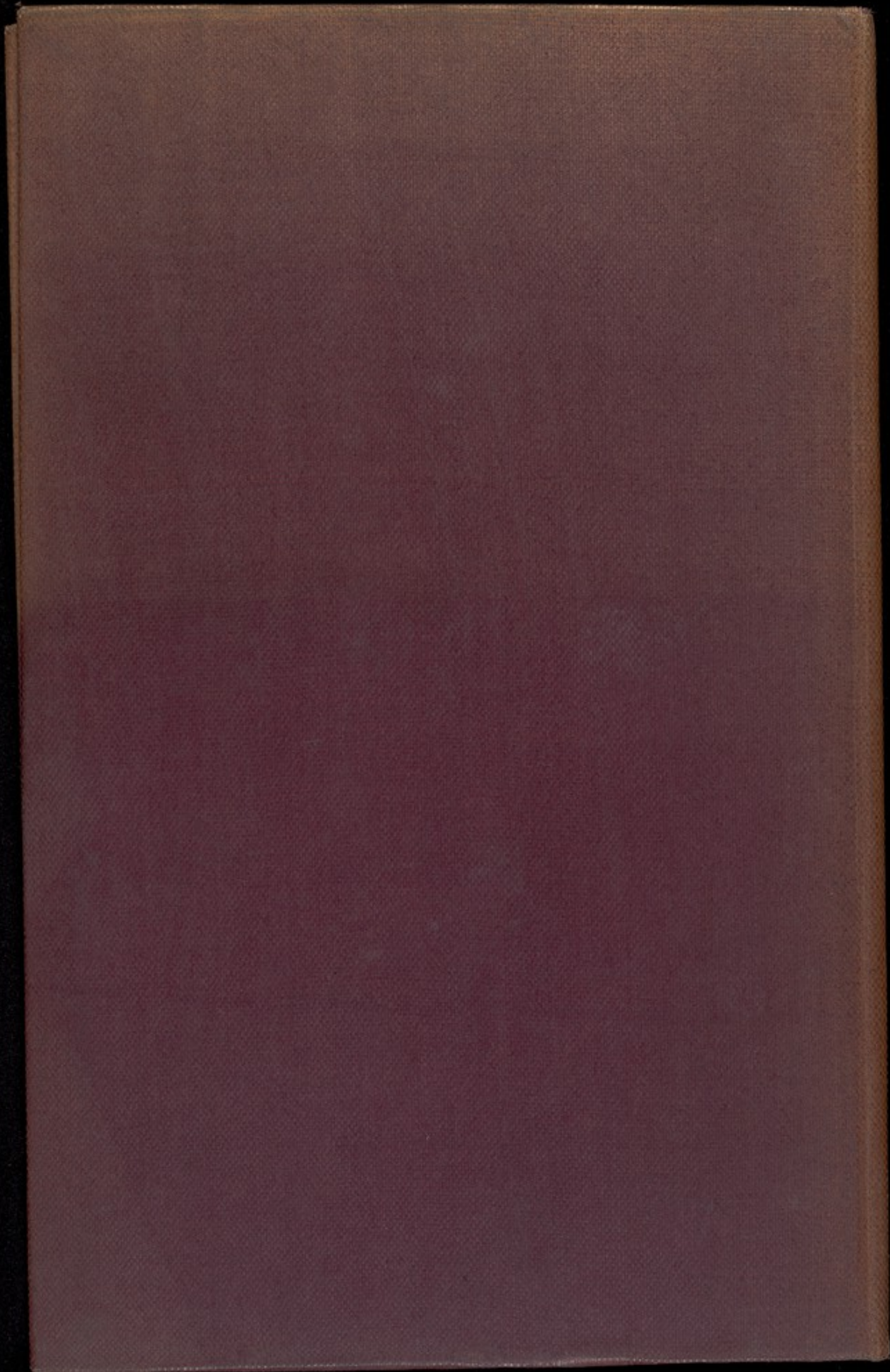
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Rules for Nurses
AT
The Retreat, York.

NOTICE.

This book is the property of the Institution, and if lost, destroyed, or rendered unfit for future use, the person responsible for it will be liable to a fine of five shillings.

It must on no account be taken away from the Hospital except when a nurse is engaged in outside work, and it must not be shewn to any patient.

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Oct-24
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DATE.	NAME.
Aug 21 st 1899	Nurse Cole
Oct-24 1905	" Pallister
May 3 rd 1913	" Grant
Sept: 3 rd . 1913	" Chambers. (35)
Nov: 15 th 1913	" Immie Holden (107)

Faint, illegible handwriting, possibly bleed-through from the reverse side of the page.



Rules for Nurses
AT
The Retreat, York.

APPROVED BY THE COMMITTEE OF THE RETREAT
MAY 13TH. 1902

YORK:
William Sessions, Printer, 30, Coney Street.
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INTRODUCTION.

The Retreat was founded in 1792 by William Tuke, Lindley Murray, and other members of the Society of Friends, in order to provide a home for the care of persons afflicted in mind, where they would be treated, not with the harsh methods then customary, but with kindness and sympathy. It was, moreover, the first Institution for the Insane in this country to adopt and carry out such humane treatment, and the principles then adopted are now generally recognised.

~~From the first, persons were admitted at nominal rates and in many cases without any payment whatsoever. The charitable aims of the founders are still kept in view, and about one-third of the patients are received at rates much below their cost.~~

The government of the Retreat is vested in 40 ^{Governors} Directors who appoint the Committee of Management; the Directors and Committee rendering purely honorary service.

The Committee are wishful that the high ideals of the founders should ever influence the Staff, so that the traditions of the Retreat may be worthily upheld. For its good management, due order and discipline are necessary, and the following Rules and Instructions have accordingly been drawn up with the intention of assisting the ^{various members} Nurses in the faithful and intelligent execution of their duties. ^{of the Staff}

^{mentally ill.} The Committee recognise that the work of nursing those ^{those} insane is frequently arduous, and calls for much self-denial and patience. Mental disorder is one of the saddest forms of human affliction, and those who honestly strive to alleviate this suffering, and to minister to the needs of the afflicted in mind, are undoubtedly performing true Christian service. The Committee extend to the nurses warm sympathy and encouragement in their work.

RULES FOR NURSES.

I.

General observations on the treatment of patients.

It must always be remembered that the comfort and happiness of the patients, and in many cases the prospect of their recovery, largely depend upon the manner in which the nurses perform their duties.

Kindness, tact, firmness and good temper; thoughtful attention to duty, patient obedience to orders, kindly interest in each patient, and orderly neatness in ward duties are the characteristics of every good nurse.

II.

Straight-forwardness essential.

It should be the aim of every nurse to win the confidence and respect of patients under her care; this can only be attained by being straight-forward and upright in all her dealings with them. Nurses must never make promises which they cannot perform, and must always avoid deception and prevarication.

III.

The patients must always be treated with uniform kindness.

Penalties for unkindness.

Any ill-treatment, unkindness or harshness in word or deed will render a nurse liable to immediate suspension and subsequent dismissal. The penalties imposed by law for illtreating or wilfully neglecting a patient are ~~stated in the appendix.~~ (See page 15). *Severe.*

A nurse concealing the ill-treatment of a patient by another nurse will be considered equally guilty.

When it is necessary to exercise authority over patients the nurse must never be peremptory or speak harshly: firmness must be associated with gentleness of manner, having due regard to the patient's feelings and limitations.

IV.

Control of
violent
patients.

Should it be absolutely necessary to control a violent patient, additional assistance must be procured. When the patient sees that resistance is useless she will seldom attempt it.

No nurse must ever struggle single handed with a patient except under grave emergency.

~~Should a struggle be unavoidable the knees or elbows must never be placed upon the body of the patient.~~

V.

Care of
Suicidal
Cases.

Special "Suicidal notices" are issued by the medical officers for every patient disposed to self-injury, and each nurse in the ward is required to sign an acknowledgement.

When the notice says the patient is to be under "continuous observation," she must not be left alone on any pretext, day or night. "Close observation" means less rigid supervision; the nurse must know where the patient is and what she is doing, and must closely, but not necessarily continuously, observe her actions.

VI.

Seclusion
and restraint.

Seclusion is defined by the Commissioners in Lunacy as "the enforced isolation of a patient by day, between the hours of 7 a.m. and 7 p.m., by the closing, by any means whatsoever, of the door of the room in which the patient is." No patient

may be secluded without the sanction of a medical officer.

No patient may be restrained by any mechanical means whatever unless the Medical Superintendent should expressly direct the same.

VII.

Occupations
of patients.

Nurses must encourage patients to occupy themselves usefully, and, as far as their duties permit, assist in their amusements and other pursuits. They must not restrict amusements to the more intelligent, but endeavour to rouse the interest of all.

VIII.

No favourites. Nurses must refrain from making favourites of individual patients and avoid undue intimacy with any of them.

IX.

Attitude
towards
delusions.

Nurses should avoid talking to patients on the subject of their delusions and on no account argue with them, but on the contrary endeavour to interest them in other matters, or in some other way divert their attention. It must, however, be remembered that nurses have constant opportunities of observing the patient's mental condition, and it is an important part of their duty to inform the Medical Officer of any concealed delusions or peculiarity.

X.

Exercise.
Fresh air.

Every patient must be encouraged to take a liberal amount of exercise daily in the open air.

Pure air in the wards and dormitories is of first importance; the various rooms and corridors must be freely ventilated, and all windows should be open whenever possible, consistently with the comfort of the patients.

XI.

Cleanliness. Nurses are reminded that thorough cleanliness is of the utmost importance for the maintenance of the health of the household.

Rubbish must not be allowed to accumulate, and soiled clothing must be immediately removed from the bedrooms. It is a nurse's duty to fight dirt as well as disease.

XII.

Keys and knives.

Keys must be displayed as little as possible and care must be taken to avoid noise in using them. Pass-keys are not to be lent to patients. Any nurse losing keys, knives, or scissors, must instantly report the loss. The leave of all nurses in the department may be stopped until the lost articles are recovered.

~~Nurses going beyond the grounds must leave their keys with the gatekeeper.~~

XIII.

Confidential position.

Nurses in the Retreat must understand that they hold a confidential and responsible position. They are strictly forbidden to gossip about the patients or their doings, and the names of the patients must not be mentioned in the presence of strangers. Correspondence with the friends of the patients is not allowed.

XIV.

Letters.

The letters written by patients are to be placed in the box for the purpose, or given to one of the medical officers. Nurses are not permitted to post letters for patients nor to assist them to

communicate with persons outside the institution, except when authorised by the Medical Superintendent.

XV.

Visitors. No nurse may entertain any visitor, nor may a visitor be admitted to see the Institution, or have access to any of the galleries or dayrooms without the permission of the Matron or one of the Medical Officers.

XVI.

Gratuities. Nurses are not allowed to receive perquisites of any kind, nor to buy or to sell anything from or to the patients, nor to receive gifts or money from the patients or their friends, nor from visitors to the Institution without the consent of the Medical Superintendent.

XVII.

Male and female departments. Without special authority attendants and men servants are not to be admitted to the galleries, day-rooms, or private pleasure grounds on the women's side; nor must nurses enter the men's departments.

Before breakfast and after sunset, nurses are not allowed to use the general pleasure grounds, but only the private gardens used by the female patients, viz.—the terrace, West Villa and Ladies' Inner Gardens.

XVIII.

Stimulants. Nurses whilst on the Retreat premises, are required to abstain from alcoholic beverages, unless prescribed for medicinal purposes by one of the Medical Officers.

XIX.

Loyalty to Retreat.

If any servant of the Retreat is aware of serious misconduct on the part of any one employed in the Institution, a report must be made to one of the officers. It follows therefore that any ill-treatment of a patient or anything likely to injure the patients or the property of the Retreat, or that may bring discredit upon the Institution must be reported without delay to the Medical Superintendent or his deputy.

SISTERS

General duties of Sisters.

XX.

(1) The Sisters are responsible for the welfare of the patients in their wards and the good order of the rooms, furniture and clothing.

(2) The Sisters must immediately report to a Medical Officer any unusual illness, accident or injury.

Reports.

Every evening she must give a written report to the Matron upon the events of the day, especially noting :—

The occurrence of fits, accidents, violence, complaints or any unusual circumstances.

What patients have been visited and by whom.

What patients have been beyond the grounds and with whom.

Names of patients in bed, refusing food, or under treatment.

Duration of seclusion (if any).

Illness of any of the Staff.

Medicines. (3) Drugs and medicines must be kept under lock and key in the cupboard for that purpose. The Sisters are responsible for their care and distribution.

Weighing. (4) All patients must be weighed monthly, and a record of the weights kept for reference.

Inventories. (5) Careful inventories of all the belongings of the patients, ~~of the cutlery and household linen~~ *and of the ward equipment.* are to be kept by the Sisters and revised at least every six months.

Lists of the Linen sent to the wash each week must be kept, and if any articles are not returned within eight days written reports must be made to the Housekeeper.

Maintenance of order. (6) The Sisters are expected to maintain discipline during hours of duty, and to supervise efficiently the work of the nurses and maids in their wards. They are to teach the probationers their duties, and as far as possible assist in their training.

Instructions to deputy. (7) Before going off duty each Sister must fully inform her deputy respecting the needs of her patients, especially in the case of the sick or infirm.

Information necessary for the guidance of the night nurses must be written each evening in the night report book, and before leaving the ward the Sister must satisfy herself as to the safety and comfort of all her patients.

XXI.

New patients. (1) New patients should be treated with marked kindness. There should be no deception or con-

cealment as to where they are, but everything must be done to reassure and comfort them. They must be dealt with very cautiously until their habits and tendencies become known.

(2) Unless instructions to the contrary are received, every patient, as soon after admission as convenient, is to be given a bath by the Sister of the ward (vide Bathroom rules). She must be weighed and measured and her temperature taken, and her pulse and respirations counted. Report as to injuries or any abnormal conditions must be promptly made, in writing, to the Medical Officer on duty.

(3). The Sister in charge must also make a careful inventory of the clothing and other belongings of the patient; valuables and money must be taken to the office for registration, and knives, matches and other dangerous articles taken away and locked up safely.

XXII.

Meals.

(1) The Sisters are also responsible for the proper service of the meals required in the wards and in particular they are to supervise the feeding of the sick and infirm.

(2) In the event of a patient not taking sufficient food, report must be made to a Medical Officer at his next visit. Nurses are not to administer food forcibly under any circumstances. The utmost tact and patience must be exercised in such cases; small quantities only should be presented, and the reasonable wishes of the patient met as far as practicable.

(3) Waste must be avoided and no patient should be allowed to take too much food.

(4) No extra diet must be given without a written order from a Medical Officer.

(5) Knives and forks must be counted after every meal.

XXIII.

Bathing.

(1) The Sisters are personally responsible for the bathing of the patients.

(2) Every patient as soon after admission as possible, once each week afterwards, and immediately before discharge, shall have a warm bath unless a Medical Officer gives directions to the contrary. Any injuries, eruptions, or signs of disease that may be noticed must immediately be reported to the Matron.

(3) No patient refusing to take a bath shall be compelled to do so without medical authority. In all cases where compulsion is sanctioned the Matron must be informed when the bath is to be given. No patient's head is under any pretext to be forced under water.

(4) Without the sanction of a Medical Officer no patient shall be allowed to take a bath except in the presence of a nurse; nor shall a patient be left alone during any bathing operations.

(5) In preparing a bath the cold water is always to be turned on first and the hot water added afterwards until the bath reaches a temperature of not less than 90 and not more than 97 degrees of the thermometer, Fahrenheit scale. The ther-

thermometer is to be used in every bath and the temperature must never be guessed at, nor judged by the hand. In case the thermometer is injured or broken all bathing shall be suspended until another has been procured.

(6) Every patient after the weekly bath is to be provided with clean underclothing.

(7) The cases covering the taps are to be kept locked when the baths are not in use and no patient is ever to be permitted to turn on the water.

~~(8) Cold, shower, Turkish and all kinds of special baths are only to be given or allowed in accordance with orders from a Medical Officer.~~

XXIV.

Nursing at night.

(1) The Night ^{Supt.} Sister is responsible for the welfare and safety of the female patients during the night. She must visit or cause to be visited each of the female wards at least once an hour, and shall pay particular attention to the sick and infirm, the suicidal, and those of unclean habits.

In the event of any sudden illness, unusual change, or unexpected death of a patient a Medical Officer must be at once informed.

(2) The night nurses must constantly be on guard against an outbreak of fire and be familiar with the position of and manner of using the fire appliances and escape staircases.

(3) The Night ^{Supt.} Sister shall see that the day nurses and maids are in their bedrooms, and lights extinguished, at the appointed time.

(4) Before going off duty the night ^{Susp.} sister must enter in the night report book in each ward particulars as to sleep and any change in the patients during the night, and she is to supply to the medical officers a detailed report of the events of the night in the book provided for the purpose.

XXV.

Nurses' daily duties.

(1) When on duty Nurses and Probationer are responsible to the Sisters, whose instructions they must faithfully carry out.

(2) They are not to leave the ward without the sister's permission.

(3) Punctuality in all the daily routine must be strictly observed.

X (4) All works borrowed from the Nurses' library are to be duly entered in the book provided; they must not be left about nor lent to patients.

XXVI.

Lectures and Examinations.

Nurses must diligently attend the lectures, demonstrations and periodical examinations. They are expected to enter for the examinations for the certificate of the ~~Medico-psychological Association,~~ ^{S.N.S.} and for the Certificate of Training given by the Retreat Committee.

XXVII.

Leave of absence.

All leave of absence is conditional upon the needs of the Institution. In case of emergency any nurse may be required to remain on duty.

Nurses must not absent themselves beyond the allotted time without the express sanction of the

Matron. If from illness or other cause a nurse cannot return at the appointed hour the Matron must be informed at once by wire or messenger.

XXVIII.

Precautions
against fire.

(1) Care, order, and cleanliness are the best preventives against fire, especially care with mineral and other inflammable oils and spirits, and with all movable lamps and candles.

(2) Protect all fireplaces with a guard. Coals should never be piled upon the top bar of a grate. Live coals must never be carried from one room to another. Ashes must not be thrown out until thoroughly extinguished. Do not leave wood to dry before a fire, or in an oven, during the night, nor leave clothes drying so that a coal could possibly reach them.

(3) Use only safety matches, and do not leave them lying about. See that every match used is quite extinguished before it is left. Matches may not be given to patients.

(4) All candles in use must be protected with a glass shade. No candle or gas flame must be so situated that a curtain or loose papers can be blown into it.

(5) Any smell of gas must be at once reported. Do not seek for the escape with a light. When an escape of gas is discovered, open all the doors and windows, extinguish all fires and lights, and turn off the gas at the meter.

~~(6) Gas in Patients' Bedrooms must be turned out by the tap outside.~~

(7) A smell of burning or an excess of smoke must be reported at once, and its source ascertained without delay.

(8) Fire buckets must always be kept full of water, and in the places appointed for them.

XXIX.

Instructions
in case of
fire.

1. Do not act hurriedly, but think first what is best to be done, and then prompt action may prevent a serious fire. The safety of the Patients must be the first consideration, and measures for extinguishing the fire the second.

2. The best way of extinguishing a small fire is to ~~prevent the access of air to it~~, by smothering it with a rug, coat, counterpane, blanket, or heavy curtains, and then stamping upon it vigorously. In doing this women must be very careful of their own clothing. In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted; and that as large a surface as possible of the burning material must be covered with water lightly thrown over it. For this purpose a hand-pump is better than a bucket.

3. If the fire cannot be put out at once by these measures,

(i) Break the glass of the nearest Fire Alarm Box—this will summon the Fire Brigade and the Officers of the Retreat.

(ii) Call up the Nurses and Maids near at hand.

4. Close windows and doors near a fire, at once.

*use passage
fire
extinguisher*

*in key the
part*

5. If smoke is thick, and it is necessary to pass along a passage or across a room, cover mouth and nose with a wet flannel, handkerchief, or stocking, and crawl along on hands and knees.

6. If the clothes catch fire, the person should immediately lie down upon a rug, blanket, or thick shawl, and roll it tightly round the limbs and body.

*is key the use of one of the
portable fire extinguishers.*

~~Rules for Nurses engaged in private nursing and
having charge of patients outside the Institution.~~

Instructions.

The Rules for Nurses at the Retreat, except such as are, on the face of them, clearly inapplicable, regulate the conduct of Retreat nurses in charge of patients privately. Such nurses should remember that, though away from the Retreat, they still belong to it, and that their position is one which specially calls for loyalty to its traditions, and regard for its reputation.

The Medical
Attendant
responsible.

1. The nurse must look to the Medical Attendant for her instructions, and faithfully carry them out. She must inform him promptly and without reservation of everything of importance respecting the health and conduct of her patient.

Diary and
reports.

2. The nurse must day by day enter in her diary all facts of importance relative to the case under her care. In particular, any points of difficulty which may arise must be promptly recorded. In acute cases the nurse must also keep a record of all the events of the day, noting details as to the mental and bodily condition of the patient. This record should be produced for the inspection of the Medical Attendant at each visit.

Patient not
usually
certified

3. Unlike the patients at the Retreat, ~~who, as a rule,~~ *may be* are certified as of unsound mind, patients under private care are usually not so certified, and in consequence there is seldom any legal authority for limiting their freedom.

A nurse must not, therefore, on her own responsibility, interfere with the freedom or with the correspondence of a patient. If circumstances render such course necessary it must only be taken under definite instructions from the Medical Attendant and of a responsible relative of the patient.

Letters.

Letters addressed to the Medical Attendant, the legal adviser of the patient, or to the Commissioners in Lunacy, must not under any circumstances be delayed or interfered with.

of the safe
Straight-forward dealing essential.

4. The observance of No. II. of the Retreat Rules, respecting straightforward dealing with patients, presents many difficulties in private nursing. The nurse is, however, strictly enjoined not to be party to any deception of a patient, and to avoid making promises she cannot perform.

Confidential position of nurse.

5. The confidential nature of the work must ever be borne in mind. The nurse must strictly abstain from gossip and avoid undue intimacy with any member of the household.

She should be careful not to give needless trouble in the house, and should make her own personal requirements as moderate as possible.

Suicidal patients.

6. The responsibility of declaring a patient to be suicidal rests with the Medical Attendant. In a doubtful case the nurse must ask him for clear and definite instructions in writing. No nurse must attempt the care of a patient requiring continuous observation unless sufficient relief is provided.

Seclusion.
Restraint.

7. The nurse must never on her own responsibility place a patient in seclusion or use any kind of mechanical restraint, unless there is imminent danger of serious accident and assistance cannot be obtained. In such cases the seclusion or restraint must only be maintained while the danger continues, and the fact that either has been resorted to must be reported with the least possible delay to the Medical Attendant. In every case in which seclusion or mechanical restraint is used a written report must also be made to the Medical Superintendent of the Retreat.

When in
difficulty.

8. If a nurse is asked, by whomsoever it may be, to do anything inconsistent with these rules she must communicate at once with the Matron or Medical Superintendent of the Retreat. She should also do so freely when in doubt as to her right course of action in any case. She must inform the Matron without delay, if from ill-health or any other reason she is unable properly to discharge her duties.

*here
end.*

STATUTORY PENALTIES.

LUNACY ACT, 1890. (Sec. 322 and Sec. 323).

“If any manager, officer, nurse, attendant, servant or other person employed in an Institution for lunatics, or any person having charge of a lunatic, illtreats or wilfully neglects a patient, he shall be guilty of misdemeanour, and, on conviction or indictment, shall be liable to fine or imprisonment at the discretion of the court, or be liable on summary conviction for every offence to a penalty not exceeding twenty pounds nor less than two pounds.”

“If any manager, officer or servant in an institution for lunatics wilfully permits, or assists, or connives at the escape or attempted escape of a patient, or secretes a patient, he shall for every offence be liable to a penalty not exceeding twenty pounds nor less than two pounds.”



TIME TABLE.

6-30 a.m.	Nurses' Breakfast.	} 1/2 hour later on Sundays.
7-0 a.m.	Nurses on duty.	
7-30 a.m.	Sisters' Breakfast.	
7-50 a.m.	Night Nurses off duty.	
8-0 a.m.	Sisters on duty. Night Nurses' Dinner.	
10-30 a.m.	Sister and Nurse on the Terrace.	
11-30 a.m.	Night Nurses in bed. (Wednesdays and Saturdays at 9 a.m.).	
12-0 noon.	First Dinner for Nurses.	
1-0 p.m.	Second Dinner for Nurses.	
1-15 p.m.	Sisters' Dinner.	
2-30 p.m.	Sister and Nurse on Terrace.	
4-30 p.m.	First Tea for Nurses.	
5-0 p.m.	Second Tea for Nurses.	
8-0 p.m.	Night Nurses' Breakfast.	
8-30 p.m.	Nurses' Supper. Night Nurses on duty (Wednesdays and Saturdays 9-0 p.m.).	
8-45 p.m.	Sisters' Supper.	
9-30 p.m.	Night Sister on duty.	
10-0 p.m.	Nurses in bedrooms.	
10-30 p.m.	Nurses in bed and lights out.	

LEAVE OF ABSENCE.

One half-day and one whole day on alternate weeks. A half-day on two consecutive Sundays: on the third Sunday one hour. Once in three weeks, four hours on Saturday or Monday. One hour each full working day exclusive of meal times.

Night Nurses—1 Night every three weeks.

HOLIDAYS.

Sisters—3 weeks.

Nurses—2 weeks, in 3rd and 4th years 3 weeks.

Special Probationers—3 weeks.

PRECAUTION

CARE, order, especially

Beeswax and are inflammable paper and rubber

Protect all fire be piled upon burns away.

one room to before or near placed so that them.

Safety matches

All candles

Any smell

seek for an

an escape of

lights and fire

turn off the

defective pipe

potty. Gas

by the tap

A smell

immediately

a moment's

PRECAUTIONS AGAINST FIRE.

CARE, order, and cleanliness are the best preventives, especially care with all moveable lamps and candles.

Beeswax and turpentine, floor polish, cleaning cloths are inflammable, and must be kept in safe places. Waste paper and rubbish must never be allowed to accumulate.

Protect all fireplaces with a guard. Coals must never be piled upon a fire so that any can fall out as the fire burns away. Live coals must never be carried from one room to another. Wood must not be left to dry before or near a fire. Clothes drying must always be placed so that no spark or ember could possibly reach them.

Safety matches only may be used.

All candles in use must be protected with a glass shade.

Any smell of gas must be at once reported. Do not seek for an escape of gas with a light. When there is an escape of gas, open all doors and windows, extinguish lights and fires near at hand, and if not readily stopped turn off the gas at the meter. An escape from a defective pipe can be temporarily stopped by soap or putty. Gas in patients' bedrooms must be turned off by the tap outside whenever possible.

A smell of burning or unusual smoke must be immediately reported, and its source ascertained without a moment's delay.

Indoor Appliances for Use in case of Fire.

Every member of the Staff must be familiar with the position and manner of using the various appliances provided against fire.

The Charge Attendants and Ward Sisters are responsible for the good condition of the appliances in their respective departments, and for their being in their appointed places and in working order. They are also required to see that the exit staircases are free from obstruction.

Should any piece of apparatus be defective, written information should be given to the Captain of the Fire Brigade.

In every department the following appliances are available :—

“Rex” Fire Extinctors—To be carried to the fire and turned upside down.

Fire Buckets must always be kept full of water.

Foot Pump—To be used with a fire bucket to give a jet of water.

Corridor Fire Pumps are on each landing, and can be wheeled to the seat of fire.

Hatchets are at hand to break windows if needed.

Exit Staircases—The keys to open the fire staircases will be found in glass boxes.

Automatic Fire Alarm Boxes are in every department, and in connection with some of them are automatic thermometers, which give the alarm directly the temperature reaches a certain point (*e.g.*, in the Joiners' Shop, Laundry, and Steward's Office).

On breaking one of the alarm boxes, fire bells will ring in the following places:—

Captain of Brigade's House.
 Deputy Captain's Room.
 Superintendent's House.
 Engineer's House.
 Engineer's Basement.
 Chief Attendant's House.
 Head Gardener's House.
 First Gallery.
 Nurses' Home.
 Top Centre.
 Lower Centre.
 Gentlemen's Lodge.

The fire bells will ring continuously in the case of fire in the whole Retreat premises, except Belle Vue, but should the fire be in Belle Vue only the ringing will be interrupted according to the following code, as soon as the indicator officer reaches the indicator and can locate the fire:—

Signal Code.	Fire in
Continuous ringing	Whole Retreat premises except Belle Vue.
Short rings at equal intervals	Belle Vue only.

Outside Appliances in case of Fire.

Every male servant must be thoroughly familiar with the position and manner of using the following appliances for use in case of fire.

The Fire Hydrants.
 The Hose and Branch Pipes.
 The Fire Escape and Ladders.

Fire drills will be regularly held, so that every attendant, artisan, and male servant may know the exact position of the above appliances and be proficient in their use.

The Men's Fire Brigade

is constituted as follows :—

Captain.
 Three Hose Men.
 Two Fire Escape Men.
 One Messenger.

Each of these will have a deputy to act when he is absent. Their names will be posted in the attendants' room and at the entrance gate.

A bag containing master keys will be given to the Captain, his deputy, the senior hose and escape men, and the messenger, the possession of which will mean responsibility of instant action in case of an alarm of fire.

The duties of the various members of the Brigade are briefly as follows :—

CAPTAIN, goes at once to the seat of the fire, and directs operations for its extinction. In case of fire, or an alarm of fire, every member of the Staff must carry out his directions. This will be given either personally or by messenger or by the Indicator Officer.

Whilst the Captain (or in his absence the Deputy-Captain) is to be supreme and his orders obeyed without question, the following members of the Staff having special duties will not be able to render assistance :—

- (1) Attendants and Nurses having charge of suicidal patients.
- (2) The Charge Attendants and Ward Sisters, who must remain with their own patients.
- (3) Night Attendants and Nurses having charge of patients, who have not been relieved by the Day Staff.

Escap
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 are a
 Their
 Maids

The Captain will also regularly inspect all the fire appliances, organise fire drills, and satisfy himself that the Staff are efficient in the use of the apparatus.

The **Hose Men** having ascertained the site of the fire from the indicator, connect the hose to the nearest hydrants in the order arranged beforehand, unless instructions are received to the contrary.

The **Escape Men** take the fire escape to the seat of the fire, together with spare lengths of hose.

Messenger accompanies the Captain and conveys his instructions to the Indicator Officer. He must also personally inform the Engineer in the basement of the position of the fire.

Engineer.—It will be the duty of the Engineer to maintain the fire pump in good order, to have steam up continuously, night and day, and to arrange that an Engineer who understands what to do in case of fire is always on duty in the basement.

The Women's Fire Brigade

is constituted as follows :

Escape Corps of eight Nurses	} 26 in all.
Bucket Corps of two Nurses and six Ward Maids	
Messengers.—Six in number.	
Intelligence Officers.—Four in number	

It shall be so arranged that at least one half of these are always on duty and free to respond to an alarm. Their names shall be posted in the Nurses' and the Maids' Dining Room.

The duties of the Women's Fire Brigade are briefly:—

Escape Corps.—Under the direction of the Medical Officers and the Captain of the Brigade they will remove patients to a safe place. The following duties are particularly assigned to them:—

- (1) The opening of the exit staircases on both sides of the fire.
- (2) To receive and conduct patients down the stairs or along corridors, according to plan arranged beforehand.

When the fire is on the *men's side* the Escape Corps will wait to receive patients and pass them on to a safe place.

Bucket Corps will organise a steady supply of buckets of water.

Messengers.

One will call Medical Superintendent.

Two will quietly go round to awaken the Staff, if at night.

Intelligence Officers.

INDICATOR OFFICER remains by the Indicator in the Front Hall; she will

- (1) Hand on instructions received from the Captain or Medical Officers.
- (2) Signal site of fire according to code.

TELEPHONE OFFICER—Go to the exchange to receive and hand on messages, and in particular to

- (1) Call up Dr. Mackenzie;
- (2) East Villa Attendants;
and when instructed, but not before,
- (3) Summon the City Fire Brigade.

ON DISCOVERING A FIRE

Attempt immediate extinction if within reach and it is small in compass

(a) By Smothering it—

The best way of extinguishing a small fire is to prevent access of air to it, by smothering it with a rug, coat, counterpane, blanket or heavy curtain, and then stamping upon it vigorously.

Women must be very careful of their own clothing in doing this, and remember that flannelette, cotton, muslin are very inflammable.

(b) Throwing Water—

In throwing water over a fire, remember that unless a large supply is close at hand the water must not be wasted, and that as large a surface as possible of the burning material should be covered.

Bring the "Rex" Extincter to the fire, turn it upside down, and direct the jet of water over the fire.

Supplement this with Buckets and Foot Pump, and the corridor fire-pump.

In case of **a Serious Outbreak of Fire** which cannot be immediately extinguished

1.—Break the glass of the nearest Alarm Box.

This should bring the Fire Brigade in less than two minutes.

2.—Quietly call up the members of the Staff near at hand, and send one to call the Medical Officer.

3 Take the following measures without waiting for assistance.

(a) If Patients are in danger.

(1) Open bedroom doors, beginning nearest the fire.

(2) Open exit stairs and leave open.

If no immediate danger to life.

(1) Turn on water in nearest bath.

(2) Close all windows and doors near fire.

(3) Bring up Corridor Fire Pump.

SPECIAL POINTS.

The Safety of the Patients must be the first consideration.

Calm and Orderly Conduct on the part of the Staff will inspire confidence in the Patients and prevent panic. The Patients and the Staff should be roused as quietly as possible.

When Smoke is Thick.—If necessary to cross a room or pass along a corridor, crawl on hands and knees, and cover mouth with wet flannel or stocking or handkerchief.

Clothing on Fire.—The person must lie down, and be rolled tightly in a rug, blanket, or thick shawl.

Chimney on Fire.—Rake out fire and block chimney with wet sack, dust sheet, or anything that will cut off the supply of air.

GENERAL INSTRUCTIONS AS TO DISCIPLINE.

The Charge Attendants and the Ward Sisters remain with their Patients. In the event of a fire in some remote part of the Institution they should retain one Attendant or Nurse to assist them in preventing excitement and maintaining order. If the alarm bell continues ringing, collect the Patients, being sure that all are present, and be ready to remove them directly instructions are received. Suicidal Patients must not be left

In case of fire in their own Ward the Charge Attendants and Ward Sisters will be concerned first in the safety of their Patients. They will direct operations for their removal. In doing this it must be remembered that it is not easy to be sure that all have been removed. If practicable, he or she should direct a Nurse or Attendant to count and remember the names of all who have left the Ward. It will be the particular duty of the Charge Attendant and Ward Sister to be sure that all their Patients are safe.

ON AN ALARM OF FIRE AT NIGHT.

(8-30 P.M. TO 7 A.M.)

Attendants on fire duty immediately go to their respective posts.

All others who are free to leave the Wards go to the Front Hall, and await instructions from

- (1) Medical Officers.
- (2) Indicator Officer.
- (3) Messenger of Fireman.

Nurses and Ward Maids, who must not wait to dress.

Those forming the Brigade take up their places.

All others go to their respective Wards.

(1) Attend to their own Patients.

(2) One must wait by the telephone to receive orders.

If not required in their own Wards they go to the fire to help.

Kitchen and Laundry Maids must wait in the lower centre, and be ready to receive Patients escaping from the fire at any place assigned to them.

AN ALARM DURING THE DAYTIME.

The same general instructions apply.

As the number of helpers will probably be too great for maximum efficiency, only the Fire Brigade in the first instance takes up special duties; the other members of the Staff await instructions as follows:—

Male Servants.

ATTENDANTS.—All who are at liberty, and who are not in the Brigade, must go to the Front Hall and stand to attention.

GARDENERS, ARTISANS must leave their work and do likewise.

The Indicator Officer will give instructions where to go.

All male servants must remain ready to help until liberated.

Nurses and Maids, unless in the Brigade must remain in their Wards, and await instructions by telephone.

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