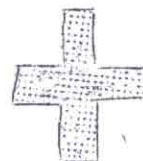
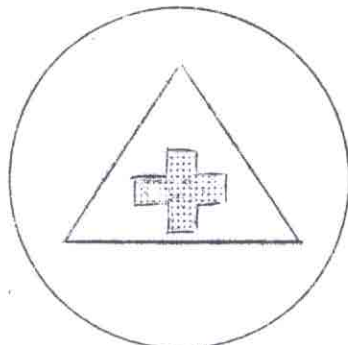


S.O.S.

PINAF ORE



EDITION NO.2
Editor-Elsie Holman

MARION COUNTY CHAPTER
NURSES AIDES

SALEM, ORE.
July 18, 1944.

MARION COUNTY'S NURSES AIDE RATE FIRST ON COAST.

Marion County Red Cross Volunteer Nurses Aides have been informed from National headquarters that their record, based on a percentage basis, is first on the Pacific Coast and third in the United States. Since December 1942, the local Red Cross has trained 164 Nurses Aides and a class of 20 is now in training. The Marion County chapter of nurses aides had donated 22,995 hours of service up to June 1, 1944.

Of the 164 aides trained, 131 are still active. 12 aides have been transferred and four dropped. 11 aides became inactive before serving their 150 hours and three were inactive after giving 150 hours. Five have been granted leaves of absence, five have entered military service and three have gone into nurses training. Aides work at Salem General Hospital and Deaconess hospitals, at the blood bank each Tuesday and at offices of the Marion County department of health. Mrs. Louise Arneson, R.N. is the instructor and supervisor of Red Cross nurses aides in Marion County. Her assistant is Mrs. Maxine Hartman, former floor supervisor at Salem Deaconess hospital, who began her new duties May 1. Mrs. Arneson and Mrs. Hartman instruct the classes and supervise the aides over and she becomes reunited with when they begin their hospital training.

* * * * *

ONE OF OUR OWN AIDES JOINS BLOOD DONORS GALLON CLUB.

Tuesday forenoon, a petite brown haired woman, had just given her 12th pint of blood and was therefore a member of the gallon club. She was adverse to publicity, but finally agreed to an interview providing she remain anonymous insofar as the general public is concerned. A wife of a member of the U.S. Marine corps, she and her daughter were shipped out of the Philippines two weeks prior to the attack of the Japanese. Her husband, who remained, is now a prisoner of war in the Philippine camp made notorious by Japanese atrocities. She has not heard from him since just before last December 25th, when she received three cards. "That was the happiest Christmas in my life," she declared. Mrs. "Blood Donor" spoke of her life as always having been with army folk. For 16 years our member has followed the marine corps, and an estimated mileage has taken her over 729,000 miles of land & water. Since her birth in Oglethorpe, Ga., she has scarcely known the true meaning of the word home. After landing in the U.S. She didn't know where to go, so she took a map of the U.S. and closed her eyes and punched a pin through the paper. Salem was hit and is now her home until war is over and she becomes reunited with her husband.

* * * * *

(Above was taken from Ore. Statesman-as it is of particular interest to every member of our Corps and for fear some may have missed, we have taken the liberty of copying it for our own bulletin.)

(The original of this article was in the Capital Journal. We are indeed proud to have her as a member of our Volunteer Nurse's Aide Group in Salem.)

TO THE
WEARERS OF THE S.O.S. PINAFORE.

Did you get a tiny bit of exultation from the article on our corps rating? Of course you did. Would you not get more if it had read "First on the West Coast and First Nationally? Of course you would! Do you know that one or two hours a week or a month, from each one, would bring us those two firsts? We are not working for glory but that satisfaction of having finished fully, the job we started with such enthusiasm.

Are you getting so tired or indifferent your ears are willing to listen to the rumor that "Oh! There are more of us now, so we do not need to give so much of our time"? It is not so! The R.N.'s are leaving every day for the front - and, who takes their place? We should.

Come on girls, do not listen to anything excepting the little something that first urged you to become an Aide. Do not listen to any rumor. Why have a chip on your shoulder if another aide may say something you take exception to because you are tired? She may be tired also. We have from the first, been proud of the harmony and friendliness in our corps. Let it continue. As a corps, we are not individuals but one unit. "United we stand, divided we fall". So let's forget ourselves.

You, no doubt, at times look at the uniforms of Waves and Waacs with a little envy, but a uniform cannot take the place of that voice which cries, "They also serve, who only stand and wait."

ATTENTION VOLUNTEER AIDES!
YOU ARE NEEDED!

Two more hours this week - and every week.

Your corps leader,
Grace Mandell.

* * * *

Our own Poet's Corner:

I'll never see a white clad nurse
but my thoughts will aye recall
The many steps that she must make
as she treads the dim lit hall

* *

I'll never feel the kindly touch
of her cool and helping hand
But in my mind, I'll see a lass
wae a lamp in an alien land.

* * * *

I'll ever remember her pleasant smile
to those on beds of pain.
I know what mither said is true
He'll never leave us by oor lain.
A Scotch Lassie.

WATCH FOR NEXT MONTH'S BULLETIN
A SURPRISE FROM COVER TO COVER
DON'T FORGET YOUR DUES. EAT A
SALT TABLET AND ENJOY THE HEAT.
Editor.

GIRLS! Wanna(or would you like to) Swap your old model dog for a new model cat?

Sell your eggs, vegetables, fruit or chickens?

Exchange your husband's fishing tackle for a good indoor game?

Dispose of the family heirlooms that clutter up the attic?

If so, send in your items to the office in time for the next issue of S.O.S.Pinafore. Maybe you have nothing at present but like the idea of such a column for the paper, let us hear from you.

TOP TEN DAY GIRLS DURING JUNE.

Katherine Adlard	60 hours.
Louise Iufer	33½ "
Thelma Brown	30 "
Harriet Wechter	27 "
Margaret Carson	26½ "
Bethel Steinke	25½ "
Myrtle Bowman	25½ "
Vida Lou Starr	25 "
Betty Carruth	24½ "
Donna Shafer	24½ "

TOP TEN NIGHT GIRLS DURING JUNE

Alice Heath	48½ hrs.
Marcella Schwartz	33½ "
LaVon Davis	30 "
Elma Shorman	27 "
Marie Smith	26½ "
Marion Thrasher	25½ "
Lydia Mattson	25½ "
Ruby West & Wanda Froelich	25 "
Maxine Rasmussen	24½ "
Elsie Holman	24½ "

Total hours at hospital by aides during month of June, 1,406 hours and ten minutes.

Following reached goal of 150 hours in June. Iola Desart, Maine Moses and Marcella Schwartz. 500 hours in June, Alice Heath, and reaching her 1000 hours, Louise Iufer.

Apologies to Marguerite Mortenson who received her 150 hrs. in May.

B L O O D B A N K B R I E F S

Without Meyers and Scellars at the blood bank, t'would be like blood without any plasma.

4th of July, excellent turnout of persennel. Four of our lovely and charming aides graced the parade. Glad to see Ruth Beutell with us once again.

Mystery Story of the Month. Who are the Rats who got the Cheese at Mount Angel?

C O R R I D O R C H I T C H A T

Nancy Von Eschen now in New York.

Dorothy Estes, transfer to Portland. Grad. of last class.

Pollyanna Shinkle is now Mrs.

Robert S. Findley, transferred to another state.

Glad to see Bernice Felshaw gliding around the corridors again.

- m. In going to and from the hospital, the uniform must be covered and the cap carried.

Equipment

Efficiency depends largely on good equipment, personally owned, and in excellent working order.

- a. Watch with second hand.
- b. Bandage scissors.
- c. Nail File.
- d. Pad and Pencil.

Do carry these items with you at all times, thus preventing the development of a borrowing habit. It is not that the nurse resents her sharing her equipment with you, but she does dislike being made to appear incompetent and inefficient by not having her scissors when the Doctor asks for them, and that is invariably the position in which she finds herself, provided she has been generous or gracious enough to part with them. Besides, there's the wasted time and energy spent finding the "borrower" which is harrasing to the Doctor, because of the delay, as well as to the nurse.

THE PATIENT AND YOUR BEDSIDE MANNER

A. The Introduction.

1. Always knock - you need only to tap lightly before entering the patient's room. In this way he is never startled by someone suddenly appearing in the middle of the room. Just a little courtesy, which silently asks, "May I come in?"
2. Always address the patient by name when greeting him, or before performing any procedure on him. This puts him at ease and, moreover, it is your greatest protection in avoiding errors. Numbers are easily confused, but patients will see to it that you do not confuse their names. Keep the patient and his name constantly before you, rather than the room number.
3. Introduce yourself. Just simply and in a matter-of-fact way say "Good Morning, Mr. Grouchy. I am Miss Cheerful and I am going to take care of you this morning." Your taking the initiative in the beginning has much to do with your inspiring confidence in the patient, who, no doubt is expecting someone a little diffident, a little unsure of herself. Fool him with your air of self-assurance which says, "I have had a thorough training and I know what I'm about" as you proceed to ask the patient, "Did you have a good night?" Meanwhile the screen will have been placed and the basin of water drawn. You have broken the ice.

B. Your Voice.

1. Modulate your voice to a softer tone, especially in hospital corridors as transoms are frequently open.
2. Always be courteous in your requests of the patient, with a liberal sprinkling of "Please" and "Thank You".
3. Endeavor always to think before you speak, and you will avoid impulsive utterances which might disclose the patient's condition to him.
4. Be especially careful of what you say in front of a child. He is alert and sensitive, and it "hurts" when he has to share his "lime-light" with that adorable little curly head in 216, about whom you keep talking to other Aides and Nurses. Even casually, the attention is being taken from him and his fallen expression reveals his unhappiness over his apparent indifference to his appeal. Do be tactful. A child is not old enough to realize that your praise of another child is in no way a condemnation of him.
5. Watch the usage of slang expressions and grammar. Patients have nothing to do but listen, observe, and criticize and they do!
6. Give the patient a chance to talk to an interested listener - and let him have your undivided attention.

C. Your Nursing Care.

1. Be as quiet as you can in proceeding with tasks around the sick.
2. Try to avoid "jarring" a patient by being careful of your movements around his bed. Don't bump the bed with other furniture, chairs or bedside table.
3. Be cautious in your placement of articles so that you do not create tension in the patient as he watches improperly balanced equipment (trays, water pitcher or flowers) topple over. Such tautness is never conducive to the condition you want most in the patient - that of relaxation.
4. Be gentle; without being forceful, be firm. Keep your hands clean, with fingernails short, so that the patient will not lie there apprehensive of discomfort caused by sharply pointed nails.

5. Always take the lead in assuring the patient of his privacy. Always screen the patient when you are performing procedures which might embarrass him were he to have an audience, and never expose him unnecessarily. If he is careless in his self-exposure, you assume an attitude which tactfully states that you expect and are accustomed to modesty.
 6. Try to put yourself in the patients place in all of the nursing cares that you give. Be considerate, patient and kind. Be eager to do the little extra things which he hesitates to ask a nurse to do because she is so busy, such as posting a letter or making a telephone call for him.
 7. Your powers of observation and expression.
 - a. In caring for the patient be constantly on the alert in observing abnormalities, irregularities, or the unusual, such as skin eruptions, reddened areas, skin abrasions, muscular weaknesses or twitchings. Always report such signs, regardless of how insignificant they may seem to you.
 - b. In order to develop your powers of observation, make a practice of observing as much as you can, even factors and objects not pertaining to the nursing care of the patient.
 - c. Retain an unchanged facial expression, even when you observe something about the patient that startles you, and never comment upon the irregularity or exclaim over it. Patients are constantly on the alert for information regarding their case. Disclose absolutely nothing: conceal your emotions and exercise control over the expression of your thoughts.
 8. Never leave the patients room until you have checked on the following:
 - a. Does the patient look comfortable, does he have his bell cord or signal light, have you offered him a drink of water, if the patient can have water.
 - b. Light: do adjust blinds before leaving room. Nothing is worse than a glare.
 - c. Ventilation. No drafts.
 - d. General appearance of the room. Stand back and look at the unit as a whole. Are you impressed with its neatness and order? Are the night stands tidy, magazines neatly arranged, ash trays empty, table covers on right side out, bureau drawers closed, and flower vases artistically placed instead of grouped in a mass on one table? Is the furniture parallel with the wall? Is water dripping from the faucet? Constantly check hospital equipment and the patient's room for irregularities that might annoy the patient or distract from the general neatness of the room.
- D. Your Technique.
1. Never set anything on the floor, rather place bed pans, linen, etc., on a chair.
 2. Wash hands frequently and always before and after the care of each individual patient.
 3. For your own protection, keep hands away from your face.
 4. Be very conscientious in your cleansing of all hospital equipment.
 5. Patients are very observing, and the majority of them know the rudiments of sanitation. Be scrupulous in your "handling technique" - carrying linen away from you so that your uniform is not contaminated. Never place soiled linen which has been removed from an occupied bed on a freshly made occupied bed. Soiled linen should be put in the pillow case on a chair at the foot of the bed.
- E. Your speed and accuracy.
1. Accuracy.
 - a. Be very attentive when receiving instructions. If you do not comprehend their meaning, ask the Head Nurse to explain further.
 - b. Be interested in what you are told. Do not permit your own thoughts to preoccupy your mind.
 - c. Use pad and pencil as necessary to supplement your memory, and always list the care you have given the patient - voidings, defecations, enemas, or any other procedure, and place list on desk spindle.
 2. Speed.
 - a. Never sacrifice thorough nursing care of the patient in order to develop speed.
 - b. Never sacrifice the quality of your work for speed. Rather acquire speed through your having "thought through", a procedure before actual performance, detailed organization in the assembling of articles necessary for your procedure, and finally eliminating as many movements as possible while executing the task. "Use your head and save your feet". Wasted motions and poor systematizing are the greatest inhibitors of speed. Work constantly to achieve system and order. Anticipate your needs by planning your work, and speed will come naturally with repetition and practice.

PROFESSIONAL ETHICS

- A. In relation to the patient.
 1. By your alliance with the nursing profession, you are automatically pledged to keep within your confidence all personal and hospital affairs committed to your keeping. Never betray this trust placed in you.
 2. Keep conversations with the patient's light. Discuss hobbies, victory gardens, current events, etc., but NEVER your own personal affairs or illnesses.
 3. Never discuss any unpleasant experience or anything that you have seen or heard in a hospital with other Aides or patients, and never carry hospital issues to the outside.
 4. Be sympathetic but objective. Use diplomacy in drawing the line, and try to take the patients mind off himself.
 5. When a patient questions you as to his condition, you may always refer him to the nurse. When he questions you as to his Doctor or other Doctors, you may say this is your first close contact with the medical profession and as yet have not been able to form your opinion about them.
- B. In relation to the Doctor.
 1. You are in the hospital primarily to assist the nurse. However, this does not mean that you are to ignore the Doctor and his immediate needs, provided the nurse is busy.
 2. Because of his many years of study and preparation for his life profession, because of his selflessness in his absorbing concern for the health and welfare of others, and because he is entrusted with the care of the highest developed and most delicate living mechanism, the human body, a Doctor deserves the revered place he has in any community. For this reason he deserves even more respect from the nursing profession, who should understand the vastness of his responsibilities. This respect of higher learning we make known by a simple gesture. It has nothing to do with social etiquette, in which instance the act would naturally be reversed, stand in his presence. When a Doctor approaches the desk and you are sitting, simply rise. It denotes your readiness in the event that he needs assistance.
 3. If the nurse is occupied, notify her that the Doctor is on the floor. She may want you to relieve her so that she can accompany him, or she may ask you to go with the Doctor while he visits the patient. At any rate, be observing and listen for any verbal order that he may give via a casual comment. Relay this information to the nurse in charge.
 4. Always report the Doctor's visit, provided he is not accompanied by the nurse. Note time and any treatment which he may have performed.
 5. Should the Doctor ask you to bring him some hospital equipment or instrument and you don't know where it is kept, do not tell him, but go instead to the Nurse and ask her. This way you will not be wasting his time while you look for it.
- C. In relation to the Nurse.
 1. For a reason similar to the previous statement it is customary for all junior nurses to rise for their seniors, and to show them any other courtesy born of respect for that nurse's greater years of experience and professional knowledge. Nurse's Aides should bear in mind the difference between the length of time required for a registered nurse's training and their own, and grant the nurse this traditional respect. A registered nurse has studied and practiced her profession eight hours a day for three years as compared to the ten eight hour days it takes to complete the Nurse's Aide course.
 2. Do all you can to cooperate with her in upholding the standards of the nursing service by complying with her request that you keep within the hospital's routine in carrying out nursing procedures.
 3. Never be insubordinate. If she gives you orders which are directly inverse to those which you were taught, never question her authority in front of the patient. At the time, do as you are told, then later you may take your problem to your instructor or her assistant.
 4. Always report off duty to the Nurse in charge: never leave without informing her that you are going.
 5. Don't be a clock watcher. When it comes time for you to go and its obviously busy on the floor, stay a few minutes overtime, if possible, of course. It will help the staff nurse over a rush period and remember the Aide is best appreciated when she is needed most.
- D. In relation to other Nurse's Aides.
 1. Be courteous and considerate of each other and, especially, less experienced Aides.
 2. Never call each other by first names while on duty; it is not professional and has a tendency to promote familiarity on the part of the patient in his relationship with you.
 3. If you see a Nurse's Aide breaking hospital rules and regulations or Red Cross Policy, you are doing her a favor to report it. However, do report it to the authorities and not to other Nurse's Aides who can only make gossip of the issue.

DEFINITIONS

1. Profession: A profession is a calling. One of its distinguishing characteristics is that the art which it practices is based on a body of higher learning.
2. Ethics: Ethics is the science of moral duty; broadly the science of ideal human character. Confucius gave us the distinct code of manners; Socrates and disciples were the founders of ethics; Florence Nightingale, the Founder of Modern Nursing, emphasized these four points which were basic in her philosophy of nursing.
 - a. That nursing requires a special call.
 - b. That it needs, more than most occupations, a religious basis.
 - c. That it is an art in which constant progress is the law of life.
 - d. That the nurse, whether she wills it or not, has, of necessity, a moral influence.
3. Ideal: Louis Pasteur has this to say of ideals - "Blessed is he who carried within himself a God, an ideal, and who obeys it; an ideal of art, ideal of science, ideal of the gospel virtues. Therein lie the springs of great thoughts and actions; they all reflect light from the Infinite."
- D. Definition: An ideal is a standard of perfection, beauty, or excellence.

May the Marion County Chapter of the Red Cross Nurse's Aide Corps keep as its ideal "the highest standard of nursing service by the best groomed Nurse's Aides". Identify yourself so thoroughly with a high grad of nursing that the name Marion County Nurse's Aides will become synonymous with the outstanding quality of nursing service that you give.

YOU KEEP YOUR OWN TIME RECORD

1. Sign in at the main office of each hospital on your own card, which will be found in the alphabetical card file on the desk.
2. Sign out on your own card as you leave the hospital.
3. These cards are tabulated at the end of each month, a list of every Aide who has worked that month and number of hours given is posted on each hospital bulletin board.
4. These cards are sent into the Director of Nursing Services office and the total hours for the month are entered in the Nurse's Aide Ledger where each one of you are registered. You may check with Mrs. Arneson or Mrs. Hartman at any time the amount of hours you have given.
5. A final monthly report is prepared before the 10th day of every month and submitted to the Pacific Area Office in San Francisco, revealing to them the number of Red Cross Aides on duty during that month, number of hours given by each and name of the hospitals or Health agencies that received help. Your signing on and off duty is very important, it is the only accurate report we have of the number of hours and minutes you were on duty. These cards are filed in the Director of Nursing Services office.

Service Stripes are as follows:

150 hours - one white strip.
 500 hours - two white stripes, plus special bar from the office of Civilian Defense
 1000 hours - three white stripes, plus special bar from the office of Civilian Defense
 1500 hours - four white stripes
 2000 hours - V
 2500 hours - V with one white stripe
 3000 hours - V with two white stripes
 3500 hours - V with three white stripes
 4000 hours - two V's.

Dear Red Cross Aides:

These rules and regulations have been prepared as a guide for you while a member of the Red Cross Volunteer Nurses Aide Corps.

It is your teachers earnest desire to maintain the fine reputation you have established in Marion County in such a short time, and with a cooperative attitude on the part of everyone, it will be done.

Sincerely yours,

Marie M. Arneson