

## OUR PRIZE COMPETITION.

WHAT IS MEANT BY (a) CROSS INFECTION, AND (b) CONCURRENT DOUBLE INFECTION? HOW MAY CROSS INFECTION ARISE? WHAT MEASURES ARE ADOPTED IN HOSPITAL FOR ITS PREVENTION? GIVE SOME EXAMPLES OF CONCURRENT DOUBLE INFECTION.

We have pleasure in awarding the prize this week to Miss Margaret A. Young, St. Bartholomew's Hospital, Rochester, Kent.

### PRIZE PAPER.

The term "Cross Infection" is applied when an infection foreign to the general infection of the ward spreads to another patient, *e.g.*, into a ward of Diphtheria is admitted a case of Diphtheria with Parotitis; if precautions are not immediately taken it is quite possible and highly probable that a convalescent patient, up walking, may come in contact with the new admission and develop Parotitis. Also a case in point—a case of Diphtheria is admitted, and perhaps owing to incomplete history being obtained, child is only in convalescent stage of Chicken-pox, very few visible signs being present. This, of course, could quickly spread either by direct contact with patient or by transference indirectly through feeding articles, treatment utensils, bath blankets, nurses' hands, &c. Lastly, a case before admission may have been in contact with Scarlet Fever, and the full incubation period not having expired, development of the second infection may occur a few days after admission, meanwhile the infection has spread to the other patients. All these examples show how Cross Infection can be beyond the control of the nursing staff. To cite a case of "Prevention of Cross Infection":—A patient already in develops Chicken-pox. He is at once put on "Barrier," moved to a "Verandah Cell," or moved to "Bed Isolation Ward."

1. "Barrier" indicates that the case is nursed singly, though in a general ward, and the patient has everything for his own use—feeding and treatment utensils, bedpan and bath blanket. At the foot of the bed two upright stands, with a red cord stretched between, draws attention to the fact that all within that zone is danger. At the head of the bed are medical officers' and nurses' gowns, and on the chart board are hung or placed thermometer and pulsometer. At foot of bed is placed a tripod with hand basin for patient's use, soap dish, jug for treatment lotions, and a basin of disinfectant in which the nurse or medical officer attending patient carbolises hands before and after entering and leaving the Barrier. If these rules are strictly adhered to

there is no chance of cross infection, and should such occur grave censure is the lot of the nurse.

2. Verandah Cells are a still more sure manner of controlling infections such as Chicken-pox and Measles. The wards, completely divided from each other, open off one side of a verandah, thus ensuring a separate air-supply to all wards, and whereas the Barrier usually nurses one case, the Verandah accommodates a number, according to size, such as four, six or eight per ward.

3. Bed Isolation Ward is a study in itself, and it will only be possible to give it in abbreviated form. Usually the beds are fifteen feet apart. A gown hangs by each bed, and is worn when any attendance on the patient is necessary. Each patient has a bath blanket and douchoe for his own use, also thermometer and pulsometer, otherwise a common stock of feeding and treatment utensils, and all are boiled after each time of using. Bedpans, urinals, &c., are boiled after use. To minimise work all patients are blanket-bathed, otherwise the common bath would require carbolising between every two baths. A fountain stands in the middle of the ward, at which scrubbing up is done immediately after leaving a bed, also lotion for carbolising the hands.

The Medical Officer in charge of the ward arranges the beds in order of least infection, and they are nursed on the same principle, Diphtheria ranks first, Scarlet Fever second, the other infections grading to Measles and Chicken-pox last.

*b. Concurrent Double Infection.*—Two infections running together, *e.g.*, Laryngeal Diphtheria and Measles, a combination often met with in spring; Scarlet Fever and Parotitis, occurring in autumn; Scarlet Fever and Vincent's Angina. In these cases it is necessary to "barrier" the cases at once.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss P. Thompson, Miss M. James, Miss T. Andrews, Miss B. Evans.

Miss James points out that catarrh of the Eustachian tube, occurring in Scarlet Fever, and occasionally a muco-purulent catarrh of the vagina may be a source of infection.

### QUESTION FOR NEXT WEEK.

State (1) How to organise an eight-hours' day for nurses in hospitals; (2) How to organise a forty-eight hours' week for nurses. State (a) the number of beds in ward, (b) the number of nurses required for duty in ward. State hours on and off duty.

[previous page](#)

[next page](#)