

CIVIL DEFENCE

NATIONAL HOSPITAL SERVICE RESERVE

Summary. This memorandum outlines certain revisions in the arrangements for the National Hospital Service Reserve.

I. Introductory

1. The arrangements for the National Hospital Service Reserve have been reviewed in the light of the new planning assumptions announced in H.M. (CD) (57) 1. A strong National Hospital Service Reserve of some 43,000 members exists today due both to members and officers of the hospital service and the voluntary aid societies who have contributed so much time and effort to the recruitment and training of volunteers and to the enthusiasm of the volunteers themselves. Nevertheless membership falls far short of the 100,000 additional nurses and nursing auxiliaries who would be required immediately for the expanded hospital services in an emergency. Furthermore, although the recruiting effort has remained fairly steady there has been little net increase in membership over the past two years.

2. It is clear that the existing training requirements have deterred many trained nurses and nursing auxiliary members of the voluntary aid societies from joining the Reserve. The members of both the St. John Ambulance Brigade and the British Red Cross Society have a considerable number of duties to which they are committed in the course of their normal peace-time work and any additional nursing experience in hospital needs to be integrated with these existing responsibilities. The members of both bodies have a wealth of training and practical experience which must be utilised to the best advantage in the staffing of war-time hospitals, and the main point of the new proposals is the recognition of this fact and the introduction of measures designed to remove, so far as possible, the barriers which have hitherto prevented them from joining in larger numbers.

3. The nursing auxiliary section of the Reserve has been developed on a basis of co-partnership between the Hospital Service and the St. John Ambulance Brigade and the British Red Cross Society with the hospital as the focal point. Close co-operation with the voluntary aid societies is essential in order to create an atmosphere in which their units and all other members of the National Hospital Service Reserve are encouraged to regard themselves as a reserve of a particular hospital or group of hospitals. The memorandum contains proposals which have these objects in view. All concerned with the recruitment and training of the Reserve should aim at the creation of a body of adequate size and experience. To do this it is essential to maintain the enthusiasm of the volunteers, and the development of close ties with the hospitals is one of the most effective ways of doing this.

4. When making future plans for the National Hospital Service Reserve, Hospital authorities are requested to make initial contact with the County/Branch Headquarters of the St. John Ambulance Brigade or British Red Cross Society, who may delegate authority to their Divisions or Detachments as is most convenient.

II. Membership and Conditions of Service

5. Attention is drawn to the following changes:—
- Trained Nurses will be admitted to membership without any requirement to undertake refresher courses or other commitments, although they should be given every encouragement to attend talks, lectures and exercises designed to provide suitable experience and so maintain their interest in the Reserve.
 - Nursing members of St. John Ambulance Brigade or V.A.D. members of the British Red Cross Society sponsored by their respective organisations will be admitted to membership without any requirement to undertake hospital or refresher training.
 - Nursing auxiliaries who are not members of the voluntary aid societies will be required to take a short introductory hospital training course totalling 6 hours which may be taken simultaneously with initial training. They will not be required to undertake further hospital training although they should be given every encouragement to do so.
 - The requirement to render a specified period of part-time service in war-time is modified.
 - Hospital domestic staff are no longer in an ineligible category, but acceptance for membership will be left to the discretion of the hospital authority.
 - Compulsory medical examination is dispensed with, although the right of the hospital authorities to exclude from training those considered to be medically unfit is reserved.

Trained Nurses

6. There are many trained nurses who are no longer in active nursing employment. Many of them come forward in peace-time emergencies and epidemics and many more would undoubtedly do so in the event of war. The new arrangements are designed to make it easier to attract and hold their interest and should be used as a basis for an all out drive to make, and maintain, contact with as many of these trained nurses as possible.

Nursing Auxiliaries

7. The object of these modifications is to utilise to the best advantage an existing organised source of trained help. The St. John Ambulance Brigade Divisions and the British Red Cross Society Detachments will be encouraged to join as units and to facilitate this individual enrolment of members of those bodies will be dispensed with. The basis of membership will be lists of those who wish to enrol, submitted by the County/Branch Headquarters or their designated officer to the local National Hospital Service Reserve Committee. Members joining under these arrangements will therefore in future be contacted through the officers designated by their organisations.

8. It is important that the hospital should continue to be regarded as the focal point of National Hospital Service Reserve activity. Instruction in First Aid and Home Nursing will continue to be carried out by the voluntary aid societies but this is only part of the experience the volunteer requires and it is the responsibility of the hospital authorities working closely with the voluntary aid societies to devise a comprehensive programme of instruction which will not only provide experience but

also maintain interest. In many areas it is being found possible, by arrangement with the voluntary aid societies, to give the First Aid and Home Nursing instruction in hospital premises. These arrangements have proved most satisfactory and in particular have resulted in the new recruit developing a genuine sense of being a "reserve of the hospital" from the outset. The short introductory hospital training course referred to in paragraph 5 (c) above which can be taken simultaneously with First Aid and Home Nursing instruction may well make it convenient to adopt this practice more widely. Where there is a demand for such facilities it is hoped that local committees will do their utmost to make the necessary accommodation available. It is particularly important that there should be no avoidable delay in providing courses of instruction for the new recruit.

9. Links with the hospital should be fostered by every means—National Hospital Service Reserve Associations, social activities, etc. Members must be made to feel that they are truly a "reserve" of the hospital and it is particularly important that the St. John and Red Cross Divisions and Detachments whose members join under the new arrangements should be made to feel "part of the family".

10. For their part the voluntary aid societies attach great importance to close links with the hospitals and to foster these and to avoid any distinctions between different types of National Hospital Service Reserve members both organisations will take steps to bring individual auxiliary members of the Reserve who wish it and who are not members of the St. John Ambulance Brigade or the British Red Cross Society into the closest possible association with Divisions or Detachments including the social life of these units. The Brigade will grant its auxiliary membership to such auxiliaries and link them with Divisions and the Society will attach groups of such auxiliaries to Detachments. In neither case will auxiliaries incur any obligations to either of the organisations. Individual auxiliary members who wish to avail themselves of one or other of these facilities should apply to their hospital who will submit their names to the County/Branch Headquarters or designated officer concerned. This helpful and constructive offer by the voluntary aid societies should do much to promote co-operation and understanding.

War-time Service

11. Members will be required to carry out their obligation as members of the Reserve to the best of their ability in wartime. Training given in peace-time would not be wasted whatever personal circumstances might be "on the day". The position with regard to ineligible categories for the purpose of the National Hospital Service Reserve is under review but for the time being the lists contained in the Appendix to H.M. (55) 21 should be regarded as operative.

Hospital Domestic Staff

12. It is no longer intended to exclude hospital domestic staff from membership of the Reserve but it will be for hospital authorities to decide, having regard to all the circumstances to what extent they should take advantage of this source of nursing auxiliary recruitment.

Medical Examination

13. Members of the Reserve wishing to undertake hospital training will no longer be required to undergo a medical examination. Nevertheless, it is appreciated that hospital authorities should be reserved the right to exclude from training those whom they consider to be medically unfit.

It is, therefore, for Regional Hospital Boards to decide in the light of the arrangements obtaining generally at hospitals in their area and the particular circumstances of each case whether a member of the Reserve should be required to undergo a medical examination.

III. Training

14. A live and interesting programme of training is essential both to give the members of the Reserve the necessary experience and to maintain their interest. The success of these new measures will depend largely on the adequacy of the instruction and experience offered. Training requirements have been modified to introduce the maximum possible degree of flexibility and leave the arrangement of the programme as much as possible to local initiative. Appendix A contains a guide to future training arrangements including an outline of a suggested training programme which it is hoped hospital authorities will adapt, modify and indeed expand to suit local requirements.

IV. Uniform and Badges

15. Further guidance will be issued as soon as possible regarding the issue of uniforms and badges. In the meantime the existing arrangements will continue to apply.

V. Nursing Service in Hospitals

16. Many existing members of the National Hospital Service Reserve, both trained nurses and nursing auxiliaries, have over the years associated themselves closely with their local hospitals and have given valuable nursing service over and above the minimum required of them as members of the Reserve. This spirit of service and interest in a local hospital is a vital part of the National Hospital Service Reserve and should be fostered. There is no reason, therefore, why members of the Reserve who wish should not continue to give this service on a voluntary basis. Provided too that it can be fully integrated with the normal routine of the hospital, service by members of the Reserve for which payment is made at the appropriate rates, may also continue: such expenditure will not however be chargeable to the Civil Defence Agency Account.

VI. Administrative Arrangements

17. Regional Executive Committees have rendered great service in the formative years of the National Hospital Service Reserve; they are, however, ad hoc bodies. Now that responsibility for Civil Defence has been delegated to Regional Hospital Boards under memorandum H.M. (CD) (57) 1 it is considered appropriate that the responsibilities of the Regional Executive Committees in connection with the Reserve should be transferred to Regional Hospital Boards on 1st January, 1958.

18. It will be for individual Boards to decide how best to provide for this additional responsibility within their administrative and committee structure. In order to ensure the continuance of the necessary liaison with the voluntary aid societies which the Regional Executive Committees have afforded so effectively in the past the Board's arrangement should include provision for two representatives nominated by St. John Ambulance Brigade and two by the British Red Cross Society to be co-opted to the Sub-Committee (or Committee) charged with the responsibility for the Reserve.

19. The importance of close local contact between the hospital service and the voluntary aid societies if recruitment and training are to be co-ordinated fully has been stressed. It is not proposed to alter the present

arrangement whereby these needs are met by local National Hospital Service Reserve Committees, which should continue to meet at regular intervals.

VI. Recruitment

20. As the changes outlined in this memorandum are designed to facilitate recruitment to the Reserve, Boards should use them to full advantage in their efforts to attract new members. Details of the publicity arrangements and material available will be supplied in a separate memorandum.

21. Particular emphasis should be placed at the outset on the new arrangements for members of the St. John Ambulance Brigade and the British Red Cross Society and for trained nurses. It is most important that these sources of existing trained help should be developed to the full. The St. John Ambulance Brigade and the British Red Cross Society will be encouraging their Divisions and Detachments to take advantage of the new facilities and one of the major tasks of Boards and Committees will be to encourage in local Divisions and Detachments the knowledge that their help is essential if an adequate nursing reserve is to be created.

22. Recruitment of auxiliary members who are not associated with the voluntary aid societies should also continue. Such members will be required to complete an individual enrolment form, which will in future be simpler and separate from the comparable one for trained nurses. It will be for Regional Hospital Boards to determine the nature and extent of such recruiting activities in the light of local circumstances and in particular to the response to the drive for trained nurse members and auxiliary members from the St. John Ambulance Brigade and the British Red Cross Society.

VII. Records of Members

23. Local National Hospital Service Reserve Committees will maintain an up-to-date record of all members. The new individual enrolment forms are being prepared and will be issued as soon as possible. In the case of members of St. John Ambulance Brigade and the British Red Cross Society there will not, in future, be individual National Hospital Service Reserve enrolment forms and as indicated in paragraph 7 of this memorandum the basis of membership records will be lists submitted by the County/Branch Headquarters or designated officer concerned, which will be brought up to date quarterly.

VIII. Returns of Membership and Training

24. Quarterly returns, in the form set out in Appendix B should be submitted by each Regional Hospital Board to the Department's Principal Regional Officer. The first of these returns will be required to show the position as at 31st March, 1958.

25. Boards are asked to consult freely with the Principal Regional Officers in the development of their plans and to submit to the Department, with the first quarterly membership and training return on 31st March, 1958, a short report on the steps they have taken to implement the requirements of this memorandum.

26. Any questions arising from the issue of this memorandum, and on the returns specified in paragraph 24, should be addressed to the Civil Defence Division, Ministry of Health, Savile Row, London, W.1.

27. In Wales the references in paragraphs 24, 25 and 26 to the Ministry of Health should be read as referring to the Welsh Board of Health.

31st December, 1957.

D (H) 63/1/2.

MINISTRY OF HEALTH,
SAVILE ROW, W.1.

NATIONAL HOSPITAL SERVICE RESERVE

REVISED TRAINING ARRANGEMENTS

PART I—GENERAL

1. The emphasis in future will not be on providing hospital training facilities for the purpose of securing the achievement of a specific number of hours training. Rather will it be on the provision of a continuing training programme made up of

- (a) planned courses, and
- (b) practical experience,

designed both to maintain the interest of members and to encourage them to extend and refresh their hospital experience.

2. *Trained nurse members* have no further formal commitments following enrolment. Nevertheless, it is important that they should be made acquainted with the National Hospital Service Reserve in relation to the hospital and first aid services and be guided as to the ways in which they may, on an entirely optional basis, take an active part in ensuring its efficiency. Planned courses on the lines suggested in Part II below provide a valuable opportunity of stimulating such interest in the Reserve.

3. Practical refresher experience for the trained nurse does not need to be defined; it largely depends on the extent of her previous training and service and the length of time she has been away from active nursing work. Hospital authorities should therefore aim to arrange for the provision of such refresher experience according to the needs of those who wish to undertake it.

4. *Nursing auxiliary members*, however, have certain minimum training commitments, particulars of which are given in Part III of this Appendix with suggestions as to what their optional hospital experience might include.

PART II—PLANNED COURSES

5. It will be for Regional Hospital Boards to determine the length, place and frequency of the planned courses in their Regions, but they might be held in various parts of the Region and could occupy one half day, one day, or perhaps a weekend. It would be advisable for prior publicity to be given to the arrangements being made by Boards to ensure that they are brought to the notice of all who may be interested; and special efforts made to contact trained nurses in the area who are no longer actively engaged in nursing.

6. Boards might consider inviting also other trained nurses who are not members of the Reserve and, in addition, experienced nursing auxiliary members. Not only would this be the means of increasing the interest in the Reserve, but it would have the obvious advantage of bringing together in a common interest the members of the wartime nursing team.

7. The overcrowding of courses with set lectures should be avoided wherever possible and the aim should be to provide courses in which the members themselves can participate. Examples of how this might be achieved are:—

Group discussion—Panel or syndicate discussion.

Films as a basis for general discussion.

Demonstrations of Nursing techniques or first aid followed by questions.

8. The content of the courses they organise is left to the discretion of Regional Boards who will wish to plan them as best suits local circumstances. The following list of basic subjects from which to choose may, however, be useful as a guide to drawing up suitable programmes:—

(1) The subject matter of Talks A and B of the W.V.S.

“One-in-Five” scheme—

Civil Defence Control

Personal Protective Measures—

(a) Immediate danger—e.g. from heat radiation, immediate gamma radiation and the effects of blast.

(b) Delayed danger—e.g. principles of protection against the danger of residual radio-activity, use and purpose of radiac instruments, etc. (with demonstrations where possible), personal cleansing, decontamination, precautions necessary with foods and water.

(2) The casualty services—the hospital plan.

The problems of evacuation of staff and patients.

Practice in packing up for removal—reliance on initiative of individuals.

Special teams for burns—resuscitation—head injuries.

The setting up of information bureaux and the correlation of information, etc.

(3) Mobile First Aid Units—their function and organisation in wartime—recruitment, training and exercises in peacetime.

(4) Shock—modern methods of treatment.

Use and abuse of Morphia—Intravenous infusions—Injection Therapy—Antibiotics.

(5) Burns—First Aid—Percentage areas affected—Treatment short and long term.

(6) Blast Injuries of Chest—Abdomen—Spine—Head and Face and Eye—Fractures—Splinting and Plaster of Paris—Crush Syndrome—Bleeding and use and abuse of Tourniquets.

Care of the unconscious.

(7) Radiation following nuclear explosion—Symptoms and treatment.

(8) Special Nursing Treatments.

Tracheotomy—Gastric Suction—Intramuscular injections.

Administration of Oxygen—Prevention of bedsores in special cases.

PART III—NURSING AUXILIARIES TRAINING

9. Members joining the National Hospital Service Reserve as nursing auxiliaries who are not in possession of recognised First Aid and Home Nursing certificates will in future be required to undertake the following:—

(a) Initial training, e.g. on the basis obtaining hitherto, namely, two courses of instruction, one in first aid, and the other in home nursing.

(b) A short introductory hospital course totalling 6 hours.

In common with other members of the Reserve they will have no further hospital commitments, but as indicated below they too should be given every opportunity and encouragement to advance their hospital experience on an optional basis.

Introductory Hospital Course

10. Although it has been decided to dispense with compulsory hospital training it is recognised that, if they are to become effective members of the Reserve, nursing auxiliaries will need to have some introduction to hospital life. This is the purpose of the short introductory hospital course which should if possible be arranged in conjunction with initial instruction in first aid and home nursing.

11. Although not one of their conditions of membership of the Reserve, if the nursing auxiliaries sponsored by the voluntary aid societies also wish to take part in these courses they should be encouraged to do so.

12. The purpose of this course is twofold. Firstly, it is to introduce the nursing auxiliary to the routine and atmosphere of the hospital and to show her where she might fit into its organisation; and secondly, by bringing her into the life of the hospital at an early stage it is hoped to so promote her interest that she will wish to further her hospital experience on the optional basis now proposed.

13. This course should therefore take place in hospital and as far as possible should be planned for groups of not less than six auxiliaries. It should total 6 hours, in two or three hospital sessions, and will need to be provided by the hospital authorities in close co-operation with the voluntary aid societies. No uniform will be required for this course. Short talks and demonstrations might be given on some of the following subjects:—

- (1) Introductory talk by the Matron or one of her assistants—purpose of the National Hospital Service Reserve.
Background history of the hospital and its development. The kind of work it does and the names of the senior staff, administrative, medical and nursing; recognition of grades of staff.
The layout of the hospital; tour of appropriate departments, pharmacy, kitchen, etc.; visits to wards and special departments.
- (2) General care and hygiene of patients; the layout of a typical ward and the 24 hourly routine.
Simple equipment in general use displayed as for student nurses; demonstration of simple procedures.
Importance of ethical standards.
Accidents to be avoided and action necessary should they occur.
- (3) Reception of patients.
Examination, documentation and disposal of a casualty.
- (4) How and when the nursing auxiliary can help in a hospital:—
 - (a) in the normal working of the hospital;
 - (b) in a special emergency;
 - (c) in a national emergency.

Hospital Experience

14. Every effort should be made to ensure that the hospital experience which nursing auxiliaries should be encouraged to take is made as interesting as possible and not confined to the more mundane tasks. It should be a continuous process with ward practice in male and female wards, while experience in the casualty department would be particularly valuable, and should include the duties specified in the nursing auxiliaries' Record Books, as below:—

- (1) BEDS
 - Bedmaking.
 - Lifting patients.
 - Making empty beds.
 - Making occupied beds.
 - Routine care of bedding on patients' discharge.
- (2) GENERAL CARE
 - Blanket bathing.
 - Care of skin.
 - Pressure areas.
 - Care of hair.
 - Care of mouth and teeth (helpless patients).
 - Giving bedpans and urinals.
 - Care of bedpans and urinals.
 - Observation of stools.
 - Observation of urine.
 - Putting up "specimens".
- (3) FOOD
 - Serving simple meals.
 - Preparing simple meals.
 - Preparation of drinks.
 - Feeding helpless patients.
 - Observation of patients' appetite.

(4) SPECIAL CARE

- Assisting at surgical dressing.
- Sterilisation of instruments.
- Dressing Bowls.
- Gloves.
- Taking T.P.R.
- Recording T.P.R.
- General observation of patients.

15. The nursing staff of the hospitals could be most helpful in giving classroom instruction to nursing auxiliaries, provided that they fully understand the purpose and use of the National Hospital Service Reserve. It would be of benefit if nursing auxiliaries could be allocated in pairs to a ward or department and arrangements made for one member of the staff to develop an interest in them and be responsible for them.

16. As indicated in Part II of this Appendix experienced nursing auxiliaries might, with advantage, be invited to attend a planned course arranged by the Regional Hospital Board. In any event it is desirable that all nursing auxiliaries should have an indication of the types of casualties they might be expected to nurse following a nuclear attack, e.g., blast injuries, burns, effects of radiation, and how they would be treated at first aid level and later in hospital; the likelihood of switching from the ideal to chaotic conditions of nursing; and also the psychological effect of a nuclear attack on staff, patients, and the general public and the need to boost morale.

17. The recording of hospital experience gained, including attendance at a planned course, and the number of hours involved is essential and the nursing auxiliary should herself be responsible for ensuring that her Record Card is suitably entered and endorsed.

PART IV.—MOBILE FIRST AID UNITS

18. All members of the National Hospital Service Reserve should be informed of the role of Mobile First Aid Units as a vital part of the hospital and first aid services. It should be stressed that these Units are manned in the main by members of the Reserve and that they provide an extremely interesting field for useful optional experience. A training syllabus for Mobile First Aid Units is in course of preparation and will be issued as soon as possible. Meanwhile training should continue as at present.