

THE TERRITORY FOR THE SEAT OF GOVERNMENT.

By-laws under the Canberra Community Hospital Board Ordinances 1935.

PURSUANT to the powers conferred upon it by the *Canberra Community Hospital Board Ordinances 1935*, the Canberra Community Hospital Board hereby makes the following By-laws.

Dated this sixteenth day of December, 1935.

The Common Seal of the Canberra Community Hospital Board
was hereto fixed in the presence of—

(L.S.) JOHN S. CRAPP, Chairman.
 S. ANDERSON, Secretary.

CANBERRA COMMUNITY HOSPITAL BY-LAWS.

PART I.—PRELIMINARY.

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| Short title. | 1. These By-laws may be cited as the Canberra Community Hospital By-laws. |
| Parts. | 2. These By-laws are divided into Parts, as follows:—
Part I.—Preliminary.
Part II.—The Medical Superintendent.
Part III.—Visiting Medical Officers.
Part IV.—The Matron.
Part V.—Sisters, Nurses and Wardsmen.
Part VI.—Scale of Charges. |

PART II.—THE MEDICAL SUPERINTENDENT.

1. The Medical Superintendent shall be a duly qualified and registered practitioner and shall be responsible to the Board in all matters concerning the medical administration of the Hospital.
2. He shall exercise general control over the duties of the Matron.
3. He shall be responsible for arranging for medical attendance on all members of the staff under his control.
4. The admission of patients, the allotment of beds and rooms to the Patients and the treatment of all patients in the Out-patients Department shall be as directed by the Medical Superintendent.
5. No patient shall be discharged from the Hospital except by the Medical Superintendent.
6. The decision as to action in respect of any patient who, by reason of conduct or nature of disease, is a menace to the peace and comfort of other patients shall rest with the Medical Superintendent.

7. He shall not have the right of general private practice, nor shall he have the right to charge any fee.

8. He shall attend the Out-Patients Department each day, except Sundays and Public Holidays, from 9.30 a.m. to 11 a.m. for the purpose of consultation, advice or treatment in connexion with patients admissible as out-patients, and shall be responsible for the treatment of urgent out-patient cases on Sundays and Public Holidays.

9. He shall carry out all the dispensing requirements of the Hospital for both in-patients and out-patients.

10. He shall allot out-patients admitted for indoor treatment to Visiting Medical Officers in accordance with the By-laws.

11. He shall not absent himself from the Hospital without arranging for one of the Visiting Medical Officers to act for him.

12. He shall have power to suspend any member of the staff of the Hospital, except the Matron and the Secretary, and shall immediately report such suspension in writing to the Chairman of the Board, stating the circumstances leading to the action taken.

13. He shall be responsible for the teaching of the nursing staff and for the allocation to the Visiting Medical Officers of their portion of the actual instructional work.

14. He shall, when necessary, assist or consult with the Visiting Medical Officers, and shall administer anaesthetics.

15. He shall visit, at least twice in each 24 hours, every patient in the Hospital.

16. He shall be prepared to attend any patient at any time under emergency conditions in the absence of the Visiting Medical Officer attending the case.

17. He shall be responsible for checking all clinical and history records and classifying before filing.

18. He shall advise in respect of the purchase, use, storage and maintenance of all drugs, appliances and instruments used in the Hospital.

19. He shall, on taking office, check the list of surgical instruments and appliances, and sign same if correct, and he shall thereafter have charge of the surgical instruments and appliances, and be responsible for their safe keeping; and he shall, once in every six months, take stock of them, sign the list as evidence of its correctness, and shall hand same to the Secretary to place before the next meeting of the Board.

20. He shall sign all daily requisitions for drugs as required by the Wards and theatre.

21. He shall, subject to an appeal to the Board, admit or refuse to admit, at his discretion, persons claiming the benefits of the Hospital either as in-patients or as out-patients.

22. He shall not send away any urgent case unless he has secured its admission to another hospital.

23. He shall immediately report to the Matron, with a view to the prompt notification of the nearest relative, the dangerous condition of any patient.

24. He shall at least once monthly hold a fire drill, and shall ensure that this is attended by each available member of the staff.

25. He shall be responsible for the maintenance in an efficient condition and the practical operation of the X-ray equipment.

26. He shall examine and treat any person under arrest or legal detention when so requested by an officer of police.

27. He shall examine any woman in any case of suspected abortion with the consent of the woman and at the request of the Chief Officer of Police.

28. He shall examine any female in any case of alleged or suspected rape or carnal knowledge with the consent of the female or her parents and at the request of the Chief Officer of Police.

29. He shall examine any person as to his condition of alcoholic intoxication at the request of any officer of the police. The duties specified in this paragraph and in paragraphs 26 and 28 above shall be carried out at the Hospital unless the Board may otherwise direct.

30. He shall assess all extraneous medical fees for out-patients and in-patients to enable accounts for hospital fees to be promptly rendered.

31. He shall as and when directed by the Board carry out the actual treatment in all cases of "accident at work" amongst persons employed by the Commonwealth Government.

32. He shall be responsible in respect of all his duties to the Board, and shall report to the Board upon any matter which in his opinion requires attention or upon which he is requested by the Board to report.

33. He shall set out in writing the action taken in connexion with any complaint lodged, and file the Complaint Forms which shall be numbered in consecutive order.

34. For the purposes of these by-laws "Medical Superintendent" shall be deemed to include also a person appointed by the Board to act as Medical Superintendent, or any Medical Officer appointed by the Board to take charge of the Hospital.

PART III.—VISITING MEDICAL OFFICERS.

1. Any legally qualified and registered medical practitioner resident in the Federal Capital Territory may make application to the Board for appointment to the staff of the Hospital as Visiting Medical Officer.

The Board may appoint such applicant to be a Visiting Medical Officer.

The Board may suspend a Visiting Medical Officer from duty and may remove such suspension; the Board may terminate the appointment of a Visiting Medical Officer: the suspension or termination of appointment of a Visiting Medical Officer shall not take effect until the Visiting Medical Officer concerned has been requested by the Board to state in writing the position in relation to the alleged offence or reason for suspension.

2. The application by a medical practitioner for appointment as a Visiting Medical Officer shall be in the following form:—

"I,, being a legally qualified medical practitioner resident in the Federal Capital Territory, hereby make application for appointment as a Visiting Medical Officer at the Canberra Hospital.

I am conversant with the provisions of the by-laws controlling the Canberra Hospital especially with the duties of a Visiting Medical Officer, and with the privileges and obligations of a Visiting Medical Officer in respect of the treatment of private patients within the Hospital.

I undertake to observe in all respects the provisions of those by-laws."

3. Each Visiting Medical Officer shall attend upon patients when called upon by the Medical Superintendent. Such liability for attendance shall be according to weekly rotation. Rosters shall be prepared allotting weekly duty separately in—

- (a) general practice including medical, surgical, obstetrical and gynaecological practice;
- (b) administration of anaesthetics.

Each Visiting Medical Officer shall during his week of duty in each of the classes above attend when required for the purposes concerned. If any Visiting Medical Officer shall fail to attend when so required the Visiting Medical Officer on turn for that class of duty in the following week shall attend and so on until a visiting medical officer is available.

The Visiting Medical Officer shall, if required by the Board, furnish reasonable grounds for his failure to attend when required.

4. Each Visiting Medical Officer shall enter in his own handwriting the diagnosis and the result of each case under his care on the official record, and shall keep full clinical records on the form provided. In the recording of any diagnosis, any classification of diseases issued from time to time by the Department of Health shall be observed.

5. Each Visiting Medical Officer shall visit each patient under his care in the Hospital as often as is necessary for the proper professional care of the patient.

6. All clinical records in connexion with any patient treated in the Hospital shall be and shall remain the property of the Board. They shall be filed, treated as confidential, but shall be available for perusal by the Medical Superintendent, by the Visiting Medical Officer who has had the professional care of that patient or by any officer authorized by the Board. Each Visiting Medical Officer shall write upon the history sheets provided all prescriptions and all dietaries to be given to the patient. These records shall form portion of the clinical records.

7. A record of all prescriptions dispensed shall be shown on the clinical or history sheets and shall also be copied into the dispensary records by the Medical Superintendent or any other person appointed by the Board.

8. Each Visiting Medical Officer who performs either a major or minor operation shall attach to the clinical record sheets a written report of each such operation.

9. Each Visiting Medical Officer who attends any case in Hospital for twenty-eight days shall report the circumstances of such case to the Medical Superintendent on the twenty-eighth day. The decision of the Medical Superintendent as to whether the patient is to be discharged shall be final.

10. Each Visiting Medical Officer shall immediately report to the Medical Superintendent the occurrence of a rise of temperature in any case under his professional care in the Obstetric Ward, or in the case of any woman under his professional care in the Hospital, within fourteen days after such woman has been delivered of a child or has

miscarried. The decision of the Medical Superintendent concerning the transfer of any such woman to another part of the Hospital shall be final.

11. Each Visiting Medical Officer shall immediately report fully in writing to the Medical Superintendent every case of still-birth or abortion which occurs in the Hospital under his professional care.

12. No Visiting Medical Officer shall perform any operation within the Hospital upon the uterus of any woman known or presumed to be pregnant without having first consulted with the Medical Superintendent.

13. No Visiting Medical Officer shall treat any case of puerperal sepsis in the Obstetric Ward.

14. No Visiting Medical Officer shall perform any operation other than an emergency operation without having completed and lodged with the Matron a Theatre Requisition Card provided by the Hospital.

15. No Visiting Medical Officer shall professionally visit his patient during meal hours except in the case of emergency or for the purpose of inspecting the patient's diet.

16. Each Visiting Medical Officer desiring leave of absence shall obtain written approval from the Medical Superintendent. The Visiting Medical Officer may provide a *locum tenens* who shall not be admitted to the Hospital as a substitute Visiting Medical Officer unless approved by the Board.

17. Medical practitioners who are not resident in the Federal Capital Territory shall not be eligible for appointment as Visiting Medical Officers. Any Visiting Medical Officers may with the approval of the Medical Superintendent, introduce into the Hospital a visiting Consultant for the purpose of obtaining special advice.

18. Each Visiting Medical Officer shall inform each private patient before admission as to the fees charged and the conditions of admission to the Hospital.

19. Each Visiting Medical Officer shall observe in all matters of administration of the hospital the directions of the Medical Superintendent.

20. No Medical Practitioner, other than the officers appointed by the Board and the Visiting Medical Officers, shall treat any patient in the Hospital.

21. Each Visiting Medical Officer shall take such part in the teaching of the nursing staff of the Hospital as may be allotted to him by the Medical Superintendent.

22. Each Visiting Medical Officer shall immediately report to the Medical Superintendent any matter connected with the administration of the Hospital which is not in the best interests of any patient under his care; but he shall not otherwise intervene in the administration of the Hospital.

23. If a Visiting Medical Officer desires to make any complaint regarding the Administration of the Hospital, such complaint must be in writing addressed to the Chairman of the Board.

24. No Visiting Medical Officer shall intervene in the management and control of the Hospital.

25. For the purposes of these by-laws "Medical Superintendent" shall be deemed to include also a person appointed by the Board to act as Medical Superintendent, or any Medical Officer appointed by the Board to take charge of the Hospital.

26. Each Visiting Medical Officer shall comply in all respects with these by-laws.

PART IV.—THE MATRON.

1. The duty of the Matron in general shall be to combine the offices of Nurse and Housekeeper, superintending and controlling the domestic economy of the Hospital and the nursing and tendance of patients. She shall be responsible for the discipline and efficiency of the entire nursing staff, and of the female domestic staff. She shall be answerable to the Medical Superintendent.

2. She shall admit patients referred for admission by the Medical Superintendent or by a Visiting Medical Officer in accordance with these by-laws. She shall notify the Medical Superintendent of all admissions.

3. She shall, by schedule for each ward or department, keep an inventory of the goods and effects of the hospital, such inventory to be checked at intervals of not less than one month, and shall be responsible to the Medical Superintendent for the due care of all the property of the Hospital.

4. She shall assign their respective duties to each person under her control and shall see that all medical instructions relative to the treatment of patients are strictly carried out.

5. She shall frequently inspect each ward and its precincts and see that they are kept in a proper state of order and cleanliness, that the meals are properly served and the medicines administered according to directions, and that no ward is left without a sister or nurse in charge.

6. She shall keep a journal and shall submit a report to the Board, through the Medical Superintendent, at each ordinary meeting, which shall include—

(a) A report upon the general state of the entire nursing staff as regards—

(i) Health

(ii) The name of any nurse whom she recommends for discharge, showing clearly the nature of the circumstances leading to such recommendation.

(b) Any special matter which she may deem it her duty to bring under the notice of the Board.

7. She shall keep a good working stock of all articles in general use in her departments and shall furnish requisitions to the Board through the Secretary for all articles required, but she shall have power to purchase anything urgently required for immediate use on the signed order of the Secretary authorised by the Chairman.

8. She shall see that all supplies are good of their kind, and according to the contracts for supplying the same, and shall return such as are in her opinion of unsuitable quality, and report in writing such return to the Medical Superintendent.

9. She shall be responsible for the weighing or measuring out of all provisions, and other necessities, and shall keep an account of their issue, and shall not allow any of the provisions or goods to be wasted or carried out of the Hospital.

10. She shall take charge of all clothing and effects, and shall be responsible for the entry of patients' names, occupations, and addresses, and for reference, if necessary, the relatives and friends, in the Admission Book. Where the effects include money or valuables, she shall make an inventory of same, which she shall get the patient to sign, if possible.

11. She shall see, that patients, upon their admission, are properly bathed and cleansed, and, if necessary, their clothes disinfected.

12. She shall take all steps necessary to notify promptly the nearest relative of any patient who is reported by the Medical Officer to be in a dangerous condition, and shall similarly notify, if desired, the Minister of Religion of the domination to which the patient belongs.

13. She shall upon the death of any patient apprise the Medical Superintendent, the Visiting Medical Officer in charge of the case and the relatives of the deceased.

14. She shall not be concerned in any practice or business out of the Hospital.

15. She shall behave with courtesy and consideration to the patients and in a becoming manner to the employees of the Hospital.

16. She shall see that the time at which each Nurse, Wardsman or Servant leaves and returns to the Hospital is entered in the time book.

17. She shall see that lights, except such as are necessarily required, are extinguished in the wards at 8.30 p.m. and in the nurses' quarters at 10.30 p.m.

18. She shall make or cause to be made up from time to time such bed or other linen as may be required, and see that the same is marked as the property of the Hospital. She shall be particularly attentive to the state of the bedding and see that it is kept clean and in proper repair, and that it is well aired before being used.

19. In case of death she shall see that the body is carefully laid out and prepared for burial.

20. She shall engage and dismiss the cook, housemaid, laundress, and other junior servants, on weekly or daily hirings.

21. She shall train and give lectures to the Nursing Staff on their duties according to the Rules of the Australian Nursing Federation or Regulations under the Nurses' Registration Act, N.S.W.

22. She shall be responsible that sufficient trained nurses are at all times in the Hospital.

23. She shall wear such suitable uniform as may be determined by the Board.

24. She shall be responsible for seeing that all members of the Nursing Staff and Domestic Staff are thoroughly conversant with their hours of duty, rest and leave, and with their allowances.

25. She shall cause to be set up in a suitable place for the information of Sisters a duty roster indicating staff hours and changes.

26. She shall set out in writing the action taken in connection with any written complaints submitted to her, and despatch the Complaint Form to the Medical Superintendent.

PART V.—SISTERS, NURSES AND WARDSMEN.

1. The Sisters shall be responsible to the Matron for the management and conduct of the ward of which they have charge, and shall carry out or superintend all directions relative to the nursing of patients.

2. They shall devote their time and attention to the duties of their office; they are enjoined to preserve order, silence, and decorum among the patients, to prohibit improper conduct and conversation; and to behave with kindness and discretion to all under their care.

They shall see that all patients rise from and return to bed at such hours as may from time to time be appointed. In the case of patients who are incapable of leaving their beds, they shall see that they are washed, or supplied with washing material when able to help themselves; and they shall see that those who are unable to feed themselves are fed.

3. They shall personally supervise and be responsible for the serving of all meals and shall report to the Matron if the diets are not properly cooked, and shall see that all medicines are administered to patients at proper intervals and in the quantities prescribed.

4. They shall report to the Matron any change in the condition of patients under their care, especially if any threatening symptom shall manifest itself.

5. They shall see that the By-laws respecting patients are strictly observed, and that, if they have any complaint to make of their non-observance, they shall report the same to the Matron.

6. They shall direct the nurses under them in the carrying out of their duties in the ward.

7. They shall report to the Matron, in writing, all breakages and damage to the Hospital property.

8. They shall see that all cupboards containing medicines and poisons are kept locked, also that all external applications and sharp instruments are kept in their appointed places.

9. They shall take care that there is no waste of provisions, electric light or power, water or other supplies; exercise strict economy compatible with the adequate supply of the patients' needs in the use of bandages, cotton wool, and other surgical dressings.

10. They must not disclose any information whatever about patients, whether in regard to their private affairs or their treatment.

11. They must not carry complaints to persons outside the Hospital, but should make the same in writing on the prescribed form to the Matron, who shall place them before the Medical Superintendent.

12. They shall be on duty when required by the Matron; in case of night nursing, the Matron shall so arrange that they have sufficient time for rest during the day.

13. They shall wear such uniforms as may be determined by the Board.

14. They shall write, or see that a daily report is neatly and correctly written concerning the condition of every patient under their care.

15. They shall draw the attention of the Visiting Medical Officer to any omission in clinical or dietetic records.

16. They shall see that all history, clinical and dietetic sheets are satisfactorily completed before they are handed into the office of the Medical Superintendent.

NURSES.

1. For the purposes of these By-laws the expression "Nurses" shall include trainee nurses. The duty hours and recreation hours of each nurse shall be those which are from time to time arranged by the Matron.

2. Each nurse shall diligently obey the Medical Superintendent, the Matron and Sisters, and visiting Medical Officers in regard to patients under their care.

3. She shall attend the patients with care, kindness and courtesy.

4. She shall extend courtesy to visitors, but shall, under no circumstances, give any information to visitors as to the social or medical condition of patients unless specially instructed to do so.

5. She shall not permit any noise or disturbance in the wards or ante-rooms, nor shall she allow strangers to remain after the usual visiting hours unless permitted to do so by the Medical Superintendent, Matron or Sisters.

6. She shall not receive any fee or presents in any form from patients or friends of patients.

7. She shall not permit any patient to receive spiritous liquor or any consumable article of diet from any visitor or other patient, nor shall she allow any patient or visitor to remove any property from the Hospital.

8. She shall perform such duties in the nursing of patients as the Matron or Sister in charge may direct.

9. She shall wear such uniform as may be determined by the Board.

10. She shall not visit her room during duty hours unless by special permission of the Matron.

11. She shall not on any account, when off duty enter the wards, kitchen, or any part of the Hospital set apart for patients, nor shall she be permitted to make exchange of hours on and off duty except by permission of the Matron.

12. She shall make herself familiar with the By-laws of the Hospital and become familiar with diet and treatment given in the ward in which she is on duty.

13. Under the direction of the Medical Superintendent, Visiting Medical Officers, Matron or Sisters, she shall attend to the administration of all orders of treatment and remedies prescribed.

14. She shall in case of doubt on any matter relating to the peace, comfort and treatment of any patient refer at once to the Sister in charge.

15. She shall pay close and particular attention to the patients' symptoms and general condition and report the same to the Sister in charge.

16. She shall not absent herself from the Hospital except during the hours when she is off duty or when on sick leave or on annual holidays without special permission.

17. Each nurse or member of the staff who feels ill, or meets with an accident, shall report the circumstances at once to the Matron who shall inform the Medical Superintendent. Arrangements for medical treatment shall be made by the Medical Superintendent.

18. She shall be in her room by 10.30 p.m. unless granted late leave by the Matron. Nurses shall not keep lights burning in their quarters after 10.30 p.m.

19. She shall not entertain any visitor on hospital premises without the knowledge and consent of the Matron.

20. She shall not carry complaints to persons outside the Hospital, but should make the same in writing on the prescribed form to the Matron, who shall place them before the Medical Superintendent.

Note.—Accepting presents or gratuities, and being absent from the Hospital without leave are regarded seriously, and, ordinarily, shall be considered as justifying dismissal.

Wardsmen.

1. Each Wardsman shall carry out the duties laid down by the Board.

PART VI.—SCALE OF CHARGES.

Every in-patient and every out-patient who has been admitted into or maintained by, or who has received relief from, the Hospital shall be liable to pay to the Board such sum as is determined in accordance with the following scale of charges.

Items A (4) and (5) B (3) C (2) and D (2) as under-mentioned are classified as the standard rate of treatment which is available to persons eligible for benefits under section 17 of the Ordinance.

A.—General In-Patient Charges.

1. Patients occupying beds in private wards—Four guineas per week; and, in addition, the cost of all drugs and dressings.

2. Patients occupying beds in intermediate wards—Three guineas per week; and, in addition, the cost of all drugs and dressings.

3. Patients occupying screened beds in public wards—Three guineas per week; and, in addition, the cost of all drugs and dressings.

4. Patients occupying beds in public wards—Two guineas per week; and, in addition, the cost of all drugs and dressings.

5. Patients admitted to wards following minor operations and discharged the same day shall be charged a ward fee of 3s.

B.—Obstetric Cases.

1. Patients occupying beds in private wards—Four guineas per week; and, in addition, the cost of all drugs, dressings and laundry services.

2. Patients occupying screened beds in general wards—Two and a half guineas per week; and, in addition, the cost of all drugs, dressings and laundry services.

3. Patients occupying beds in general wards—Two guineas per week; and, in addition, the cost of all drugs, dressings and laundry services.

C.—Obstetric Waiting Patients.

1. Patients occupying beds in private wards—Four guineas per week; and, in addition, the cost of all drugs and dressings.

2. Patients occupying beds in general wards—Two guineas per week; and, in addition, the cost of all drugs and dressings.

D.—Infectious Cases.

1. Patients isolated in infectious diseases block receiving private treatment—Three guineas per week; and, in addition, the cost of all drugs and dressings.

2. Patients isolated in infectious diseases block—Two guineas per week; and, in addition, the cost of all drugs and dressings.

E.—Theatre Charges.

1. For all major operations and for the use of the theatre necessitating the attendance of more than one nurse and the sterilization of instruments—One guinea.

2. For minor operations and treatment by instrumentation in the operating theatre or special room—

(a) Patients occupying beds in private or intermediate wards—Ten shillings and sixpence for the first occasion of use and Five shillings for each subsequent occasion of use;

(b) Patients occupying beds in public wards—Five shillings for each occasion of use.

F.—Radiographic Examinations.

(a) Radiographic examinations of alimentary tract by opaque meals—Two guineas.

(b) Cholecystographic examinations—Two guineas.

(c) Pyleographic examinations—Two guineas.

(d) Ordinary radiographic examination—One guinea.

(e) Dental radiographic examinations—Ten shillings and sixpence; and

(f) Radiographic screenings—Ten shillings and sixpence.

G.—Outpatients Charges.

Patients not occupying beds shall be charged at the following rates in the Out-patients' Department:—

For the use of the Out-patients' Theatre (which includes the use of the Theatre for minor operations dressings under anaesthetic, and the use of Hospital instruments, apparatus or power) the following charges shall be made:—

	s.	d.
All minor operations	5	0;
Instrumentation examination	5	0;
Diathermy	5	0;
Ionization	2	6;
Sutures	2	6; and
Dressings	1	0.

Charges specified under E, F, and G, shall be subject to 33½ per cent. reduction to those persons eligible for benefits under section 17 of the Ordinance.

II.—General.

The cost of drugs and dressings for both in-patients and out-patients, sera, vaccines, biological extracts and hypodermic injections shall be the actual cost to the Hospital.

Out-patients claiming inability to meet the liability arising from charges prescribed by the Board or the cost of drugs, dressings, sera, &c., shall make application to the Board on the form prescribed for a remission of such charges.

EXAMINATIONS AT THE COMMONWEALTH HEALTH LABORATORY.

The charges indicated in schedules issued from time to time by the Commonwealth Department of Health shall be paid by all patients.

AMBULANCE SERVICE.

The charge for the removal of any person to or from the Hospital by ambulance shall be at the rate of One shilling per mile or portion of a mile reckoned from the Ambulance Depot to place where the person is placed in the Ambulance, thence to the Hospital and back to the Ambulance Depot, together with a fee of one shilling per quarter of an hour waiting time, provided that the minimum charge under this regulation shall be Five shillings or the actual cost of removal, whichever is the lower.