

July 1, 1958

Narrative Summary-Abingdon School- Year1957-1958

This is an excellent school setup for carrying out the school health program. The principal, Mrs. Jefferies, is very cooperative and pleasant about seeing that the nurse is able to carry out all her duties smoothly and rapidly. The teachers are equally as pleasant and are punctual about time limits on any health procedures. They are especially good about reporting things to the nurse concerning a child's problems.

The clinic is always keptt clean and bright. A phone was installed late this year to help the nurse in her work. All medical records are kept in the clinic if the nurse so desires.

The health committee is very good. They have had the same chairman for two years. They did extremely good work on both the dental survey and the pre school conf. The same chairman will preside for the year 1958-1959.

It was truly a pleasure to be the school nurse assigned to Abingdon.

Dolores M. Webb

Dolores M. Webb

Narrative Report - Abingdon, 1958, 1959

Working at Abingdon School this year has been a real pleasure. Both the principal and teachers were very co-operative, and the nurse is included in all of the activities.

The area in which the school is situated is a very good one, and the living standards are high. Therefore, there were not too many health problems, other than emotional. Most of the families have their own private physicians and dentists, and obtaining physicals or any health referral is no problem. There are quite a few emotional problems however, and the nurse was included in the work-up of each one. I feel that the use of special services are well used in this school. Each case conference was well planned and there was a very good rapport among the visiting teacher, psychologist, principal, teacher and nurse.

The health committee was excellent. We had a very good chairman, who was a wonderful organizer and a good worker. During the school year the committee sent out exposure notices for communicable diseases and set up bulletin boards on health. They also purchased drapes, bed spreads and a new pillow for the clinic.

The clinic itself is very adequate, and quite attractive with all the new decorations.

During the course of the year we did have a siege of head lice, which was very unusual for this area. The source is still unknown, but it all subsided within a few weeks.

Health films and health talks were given to the classes throughout the year, and this was well accepted by the teachers. Perhaps this activity could be continued next year. Other than this, I have no specific recommendations.

The work of the school nurse proceeded slowly at Abingdon School. A new health chairman made the screening program somewhat of a problem to complete. But as Mrs. Hickey and I worked together during the year the work went along better and better.

A change in principals in January made the School Health program slow down again because of the difference in policies in referring health problems to the nurse. Formerly the teachers had come directly to the nurse with health referrals but Mrs. Woodson insisted that all referrals be made through her.

I enjoyed the staff at Abingdon and many requests were made for film strips and long films by the teachers. Literature was distributed to the first and second grades on the importance of proper food.

Ingrid J. Howland

1961

ABINGDON ELEMENTARY

The year could accurately be separated into three phases: the beginning, middle, and end of the year.

In the beginning it was truly 'starting from scratch' in terms of the transition from one nurse to the other (but I shall, for the moment, step out of character and play Pollyanna and not dwell on this disillusioning episode). The Principal during this period was a god-send in that she was, though 'relaxed' to the 'nth degree, most cooperative and a delight to work with because of her alert mind and direct approach.

The intervening period was involved with the change of principals and the adjustments to a totally different personality who was having her own adjustment problems with a faculty that was making a rather tenuous adjustment to the new regime.

The final period appears to be a continuation of the preceding period with many uneasy attitudes remaining.

The faculty of ten included five 'new' teachers and the over-all faculty cooperation was quite good. About the same proportion of 'new' teachers can be anticipated for next year.

The clinic is attractive and has ample cot (2) facilities. The clinic area is quite inadequate in terms of space for vision testing and re-testing which must be done in the multipurpose room when, as, and if this area is not in use for other activities - this does create a problem in the best use of nursing time. The most pressing need in the clinic is a desk with locked file space for the medical-nursing records. It is my feeling that without this the nurse is put in the untenable position of possible betrayal of confidential personal and/or medical information, since under present circumstances the records are....for all intents and purposes, available to even a curious pupil. It is difficult to understand how this situation can be justified - and permitted to continue.

The Health Chairman has been a real joy - an intelligent, dependable, cooperative and well-organized person. The committee has been a willingly active group (even to the extent of employing baby-sitters in some cases, in order to devote the time to health program activities!) As a long-range project the committee this year purchased and covered the two clinic cots with plastic.

It is questionable that the present Principal has any real conception of nursing functions (except for the single emphasis put on the Free Lunch program, for reasons that escape me.) In fact, her whole approach tends to confuse me, as does her thinking, and recent sudden shifts in attitudes. There seems to be an alarming amount of superficiality, perhaps to mask her own insecurity, but which is nevertheless, difficult to work either around or with, I find.

The monthly staffings under the new regime are quite comprehensive in scope, 'over-chaired' by the Principal with much indirection and verbiage; very little real 'sharing' and discussion opportunities. Personally, I'm left emotionally drained by them. As a nurse I feel she needs 'help'; as a person I'm terribly grateful that my time in this school is limited.

PM

June, 1962

ABINGDON

The Health Committee has, again, been a willing, intelligent, cooperative group. Much credit is due the Chairman, who has been a real joy to work with due to her interest, insight and reliability. She will not be continuing in that capacity in the fall....and as capable a replacement is highly unlikely. I shall truly miss her---but her new baby is a darling.

The lack of twenty foot area in the clinic for screening continues to create a problem in terms of having to arrange for (and "wait") for use of the Multipurpose room for screening thruout the year. This entails not only delays but interruptions during screening due to library traffic, and pre and post-lunch preparation delays. Screening and re-checks become a "catch-as-catch-can" operation at Abingdon, in getting both the kids and the space in which to work. I'd like to suggest that if Abingdon is ever re-built or added onto, that the present Clinic would make a peach of a conference room...and please could the new Clinic be of logical area in terms of its purpose. To return to the present... an additional problem is a rather confusing (in this we are nothing if not consistant) storage-space arrangement for clinic supplies. The present clinic cabinet is, I understand, the property of Civil Defense or P T A or somebody... but not "clinic" property at any rate...and as a 'courtesy' clinic supplies are permitted two shelves in this cabinet. This space is adequate...provided you have the talent, time and patience to arrange the supplies in a way that will preclude re-arranging the whole works in order to get to what is needed. The heat in the clinic is excessive during the heating season, possibly due to the heating system. In hot weather, and during the non-heating season---same thing---due to the clinic being nicely situated in a cul-de-sac arrangement. Whoever 'thought up' this clinic, clearly was not thinking---useful, it isn't... but Attractive, it is (and something is still better than nothing)

The overall faculty has been a fine group with which to work. With a few insignificant exceptions they have made intelligent referrals and have communicated well. Considering the frequently low morale they have, in fact, "communicated" (in other areas) rather exhaustingly. However this was 'bearable'

since a sympathetic listener was obviously a rather desperate need at times. Six of the ten teachers will not be returning in the fall, which is perhaps as good an indication of the morale as could be demonstrated.

The Principal remains as has been previously stated. It is my feeling that the frequent lack of use of nursing service in a meaningful way is due to lack of real understanding rather than 'conscious' factors. In her own way, she has been kind to me (in a relative way, exceedingly kind); realistically however it should be admitted that possibly this is due to her own dependancy needs at this point and that when the needs are less the kindness may decrease proportionately. She has been willing, even anxious, to cooperate...and tries very hard to "please" (which at times succeeds in making me feel embarrassed and/or guilty). In any case, I'm becoming convinced that she "means well" (and I truly think she Does), and frequently deserves sympathy rather than censure....better still, wish it could be honest respect. But, she tries. And succeeds, poor soul, in being trying.

And so, since a new clinic to replace the pretty but non-functional one is obviously an unreasonable request, please remember that the forthcoming year means a new health chairman, six new teachers--and Minnie, and that the need at Abingdon may be both prayers and tranquilizers.

PM

Annual Report

Abingdon School (1965-66)

Mary Walter

My year at Abingdon has been most enjoyable and busy. I sincerely regret that I shall not be returning next year.

Abingdon has been an unusually busy school. The census continued to increase well into March '66 - with 53 new students being admitted. All of the children at Abingdon are apartment dwellers. The Fairlington area seems to be in a period of change. While there are still many stable families with well cared for children, there is an ever increasing number of transient families, broken homes, limited financial resources, social & medical problems. Five years ago there were few if any broken homes. Now there are approximately 100 such homes. This means then, that with 465 children at Abingdon an estimated 1500^{more} are from broken families. In addition there is a sizeable number of very young parents lacking in the "know-how" of rearing children. It all adds up to ever increasing problems for the administration, teaching staff and nurse.

There have been no particular problems for the nurse in Clinical administration. There have been problems over the past few years for the school administration because of the rapid turn over of nurses in this particular school.

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The Health Committee volunteers were very helpful and cooperative. They aided with the usual projects such as the screening program, pre-school registration, providing X-rays for the clinic. There were no ^{new} special projects.

The school personnel could not have been finer. All were friendly, cooperative, responsive to suggestion, eager for information and alert medically. The secretaries were extremely helpful and I feel indebted to both for easing my way in a new routine. The principal demands and gets a hi-degree of efficiency from all of her staff.

One problem that was particularly troublesome to me was the limited time that I could spend at Abingdon. There was a great disproportion between the needs and demands of the school and the time that I had to spend there. One reason for this was that all staff meetings and frequently holidays occurred on the days I was assigned to Abingdon. I resolved it as best I could by taking time from my other schools when my work there permitted.

I would like to make the following suggestions for consideration for improvement of school health services at Abingdon: (1) That a school nurse be assigned to Abingdon for 2 days a week (if at all possible) because of the peculiar nature of the community, (2) That there be as much continuity as possible in school health services by allowing the same nurse to continue for the next 2 or 3 years at least. I make this suggestion only because Abingdon has had an unduly rapid turn over

of all helping services in the past few years,
(3) In all of my schools I feel the need of ^{placing} more emphasis
on basic health habits & attitudes - and more time for
the nurse to organize toward this end.

December 29, 1966

STANDARD EQUIPMENT & SUPPLIES

Elementary School Clinic Rooms

revised by

Miss Soderling & Mr. Gardner

Bhingdon

Nurse's Office - Examination Room

1. Desk with chair for nurse *yes*
2. Filing Cabinet - 4-drawer with lock, letter-size *yes*
3. Telephone *yes*
4. Standard Adjustable Stool *yes*
5. Acid-proof top Instrument Table *yes*
6. Examining table & standard pillow *yes*
7. Scales with measuring equipment attached *yes*
8. Bandage scissors *yes*
9. Standard flashlight *no*
10. Wall Cabinet, if not built in *yes*
11. Five stainless steel jars, with tops labeled "tongue depressors," "gauze," "bandage," "applicators," and "cotton." *yes*
12. Paper towel holder *yes*
13. Soap dispenser, above wash bowl *yes*
14. Full length mirror *no*
15. Trash can and waste basket *yes*
16. Plastic soap dispenser *no*
17. Electric Eye Charts *no*

Waiting Room

1. Four chairs *yes*
2. Bulletin Board *yes*

Rest Cubicles

1. Cots (1 per 300) *yes*
2. Chairs to accompany each cot *yes*
3. Small screens to separate cots *no*

Linens and Other Supplies

- Sheets - 6 per bed (72" x 101") *yes*
Pillowcases - 4 per bed *yes*
Pillows - 1 per bed (sponge foam) *yes*
Blankets - 1 per bed (cotton thermal) *yes*
Towels *no*

Miscellaneous

1. Stretcher ~~yes~~ *yes*
2. Ice Cap *yes*

Needed

1. Electric Eye Chart

F.Y. 1974-75

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CLINIC EQUIPMENT REQUESTS - SUPPORTING DOCUMENT G

G

School Name H. Lingdon Requestor Code _____

Fund _____ Account Number _____

(See Request Form)

Account Description _____

Use a separate form for each line item on the Budget Request Form.

Item No.	Quan	Description	Unit Cost	Total Cost
1.	—	Bookcase (standard size)	\$50.00	
2.	—	Bucket, Plastic paint (approx 2 qt. size)	.59	
3.	—	Bulletin Board (cork-36" X 48")	20.00	
4.	—	Cabinet, file (4 drawer with lock)	60.00	
5.	—	Can, Step-on (garbage, enamel)	8.25	
6.	—	Chair, desk	43.50	
7.	—	Chair, straight	7.50	
8.	—	Cot, rollaway, with mattress (1 per 300 pupils)	40.00	
9.	—	Desk S/P with file drawer and lock	75.00	
10.	—	Examining table (Physicians)	85.00	
11.	—	Eye Chart, Good-Lite - Model A with 2 cards (E-20 & LD 80)	40.00	
12.	—	Lamp, desk	18.25	
13.	—	Lamp, adjustable - examining (gooseneck)	14.75	
14.	—	Mirror, full length (24" X 68" X $\frac{1}{4}$ ")	30.00	
15.	—	Scale (with measuring rod and casters)	65.00	
16.	—	Screen, folding 3 panel, (Beam-O-Matic)	30.00	
17.	—	Sphygmomanometer, Aneroid (for secondary schools only)	53.50	
18.	—	Stethoscope (for secondary schools only)	4.00	
19.	—	Stool, adjustable (utility)	18.75	
20.	—	Table, instrument (acid proof)	32.50	
		Total - This section only		

None.