

**ACHINA**

***50 Years in the Making***

**This history is based on the information collected from  
the retired and the presently employed O.H. nurses  
within each A.O.H.N.A. Chapter.  
It is intended to provide the roots of the Association.**

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## The AOHNA: 50 Years of Continuing Education

Early industrial nurses were a resourceful breed of women. Lacking budget, authority, and support staff, they surmounted health and safety problems without the specialized training today's occupational health nurses (OHNs) enjoy.

The appalling injuries and debilitating diseases that challenged them daily, reinforced their need for additional education, but specialized training in occupational health eluded them for 50 years. In fact, the barriers they overcame while winning their fight for professional training were almost as daunting as the health and safety problems they encountered on the job.

But these single-minded women did overcome! So intense was their need for continuing education that it prompted them to organize industrial nurse support groups, push for certification, and create the Alberta Occupational Health Nurses' Association (AOHNA).



*Swift Canadian Co. Ltd. 1920 - First Nurse and Doctor proudly display employee message centre.*

## Industrial Nurse Groups: Pioneering Spirits

A small number of nurses worked in Alberta's industries as early as the 1920's. But only the major organizations that employed more than 200 people (e.g., the meat packing plants and the provincial jail) were required by the Workers' Compensation Board (WCB) to hire industrial nurses. Smaller organizations managed their safety programs with first aiders and safety representatives.

Though they were registered nurses, the earliest industrial nurses had no training whatsoever in occupational health. Nevertheless, these women were responsible for all aspects of employee health and safety. To cope, they formed industrial nurse groups, that is, support groups that met regularly to exchange information with their counterparts in similar work sites.

Burns, Gainer's Inc., and Swift Canadian Co. Ltd. meat packers were among the first to hire industrial nurses. Reporting directly to the plant superintendent, they had little authority and even less money to effect change. Regardless of the emergency, injury, or illness, industrial nurses were expected to patch workers up and keep them on the job. Safety suggestions costing extra money were not received well.

Packing house nurses ran a one-woman show: treating injuries and illness, dispensing non-prescription drugs, as well as teaching safety and first aid. They also doubled as secretaries, assuming all clerical duties (e.g., typing WCB/insurance claims, processing application forms, taking notes at safety committees). Their six - day week grossed \$150 a month.

Donning black rubber boots these women bandaged cuts on the killing floor, salved salt blisters in the hide cellar, and treated steam burns in the drying room while surrounded by piles of skulls, carcasses, and entrails. Without stethoscopes or otoscopes, packing house nurses completed health evaluations based on yes/no questionnaires.

Visits, treatments, and evaluations were logged in a book kept under lock and key — who had time to organize and maintain a proper filing system? Their hygiene experience was limited to cleaning the windows and floors in their offices. Totally devoid of medical guidelines, these women learned by experience and depended heavily on the advice of other packing house nurses who met each month.

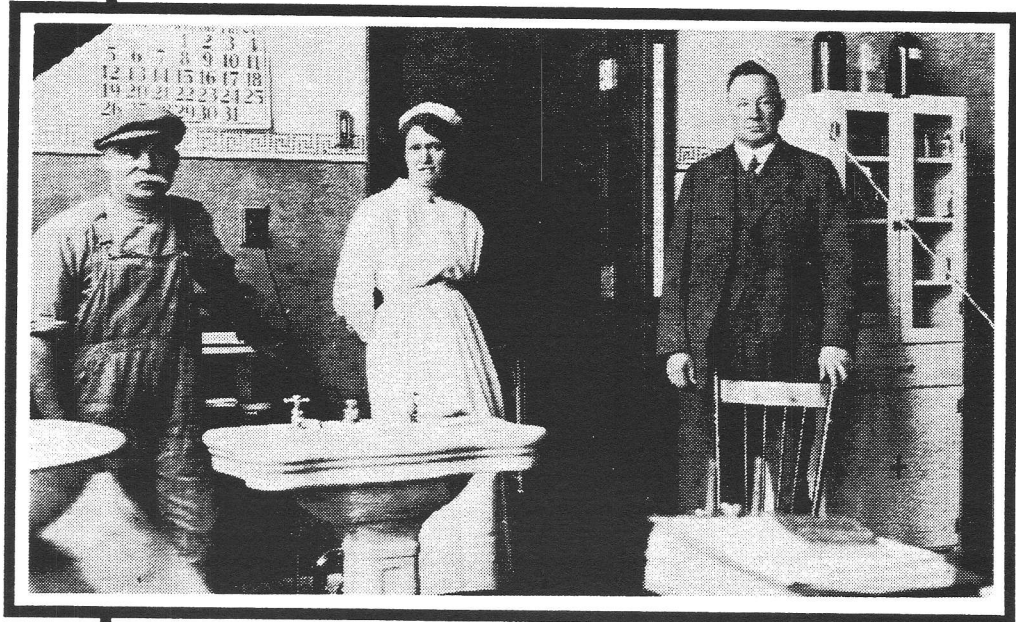
Industrial nursing changed dramatically, however, in the late 1940's when oil was discovered. The multinational oil companies arrived overnight, complete with drilling rigs and support staff. Medical teams responsible to personnel departments sprang up across the province in cities adjacent to the oil fields.

Additional salary (ie., \$250/month) reflected, but hardly compensated for, their increased responsibilities. Industrial nurses provided pre-placement and periodic exams, preventative care, as well as health education and promotion programs to oil patch workers. Hygiene involvement was limited to lead testing. Industrial nurses also manned isolated, first aid posts that provided 24-hour direct care — even responding to emergencies by aircraft, when necessary. Responsible for as many as 2,300 employees, each industrial nurse began to file individual health records in an organized, confidential system. A far cry from the large grey log book kept at the Burns meat packing plant twenty years earlier!

*... treated steam  
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of skulls ...*

Industrial nurses were also responsible for employee absenteeism. Initially industrial nurses functioned as truant officers or social workers, visiting absent employees at home or in the hospital. Management expected industrial nurses to file regular reports citing the number of absentees and the reasons for their absenteeism. This practise persisted through the 1970's until nurses began relating absenteeism to occupational cases instead.

Support services for industrial nurses in the petrochemical field also grew. Corporate medical directors paid annual visits; and regional or contract physicians consulted weekly. In addition, provincial government agencies and special interest groups provided health promotion sessions on such topics as alcoholism and hearing conservation. Aside from on-the-job training, though, continuing education for oil patch nurses was non-existent. Consequently, they met informally to discuss the health care needs of petrochemical workers. Of special concern was in-service education for industrial nurses who worked in isolation.



*1923 - Health Care Centre at meat packing plant.*

## Demand Increases Substantially

The demand for industrial nurses increased substantially throughout the 1940s and 1950s. Northwest Industries Ltd. and CIL joined the growing list of meat packers and petrochemical companies that employed industrial nurses. **Formal training in industrial nursing did not keep pace with the demand, however.** In fact, industrial nurses felt such a strong need for in-service by 1945 that they began meeting collectively as industrial nurses, rather than in industry-specific, support groups.

Each month, nurses from various industries gathered in the WCB auditorium, Edmonton, with a three-fold purpose: to stimulate interest in collective problems, to offer continuing education, and to serve as a support group. A full slate of officers was elected each year; membership dues were \$2.00. Members were concerned with lost time accidents, lack of sickness benefits and compensation, as well as return-to-work medicals. They especially wanted to educate management as to the value of preventative services that could save money in the long run. The industrial nurses' group invited physicians, psychologists, and consultants to speak on occupational topics of concern. In addition, members visited each other's facilities. By exchanging information and advice, members assured each other that they were indeed doing the right things.

As the work force swelled after World War II, stores, garment companies, and technical schools increased the demand for industrial nursing services. In response to the growing number of industrial health nurses, the Alberta Association of Registered Nurses (AARN) scheduled a workshop on occupational health nursing at the 1954 Canadian Nurses' Association convention in Banff. Senior Nursing Consultant, Mildred Walker, from the Department of National Health and Welfare, addressed the group.





1954 - Industrial Nurses' Association Convention in Banff, Alberta.



Following the workshop, the industrial nurses meeting was held. From this meeting, a resolution was brought before the CNA requesting that a sub-committee on industrial nursing be struck. As a result, the **Alberta Industrial Nurses' Association (AINA)** was formed, with Jean Lee elected as the first president. Although industrial nurses throughout Alberta were affiliated with this association, they banded together locally and identified themselves by their geographical names (e.g., Occupational Health Nurses, Calgary Group). Collectively, industrial nurses began addressing the three issues that would dominate the 1950's and 1960's: the need for a provincial OHN consultant, a provincial occupational health physician, and an occupational health nursing certificate program.

Continuing education remained a priority for AINA. Physicians and specialists generously donated their time and talents at the monthly meetings. Annual seminars were also held in Banff, Calgary, Edmonton, and Red Deer. Such keynote speakers as Assistant Professor of Public Health, Mary Louis Brown (Yale University), Senior Nursing Consultant, Mildred Walker (Department of Health and Welfare), and Occupational Health Nursing Consultant, Irene Cortney (Saskatchewan Government) were invited. Since the annual membership fee was only \$5.00, AINA had few funds available to pay the speakers' honorariums and travelling expenses, so rummage sales and bake sales were held to defray expenses. Industrial nurses also encouraged their managers to contribute.

The need for continuing education compelled nurses to initially meet in industry-specific groups, then collectively as industrial nurses, and eventually as the AINA. That desire for additional training motivated the membership for the next 20 years.

*Collectively, industrial nurses began addressing the three issues . . .*

## The Drive for a Professional Credential

The boom in Alberta's oil patch throughout the 1960's and 1970's spawned a multitude of spin-off companies that required industrial nursing services. Yet, once again, training in occupational health did not keep pace with the demand for nurses. The two-week occupational health course that Mary Louise Brown led at the University of Alberta (U of A) merely stimulated the industrial nurses' appetite for further education. But aside from AINA's monthly meetings and seminars, the only educational opportunities available before 1970 were the St. John's Ambulance first aid courses, civil defence courses in Arnprior Ontario, and safety classes at the WCB.

So, in an effort to gain more education, AINA encouraged its members to join the **Alberta Occupational Health Society (AOHS)**, a multi-disciplinary forum that discussed all aspects of the field. AOHS filled the educational vacuum in 1972 by offering five lectures on occupational health. AOHS members who were also OHNs clamoured for more!

Nevertheless, AINA representatives failed to convince the Faculty of Nursing of U of A of the need for specialized training in occupational health. Undaunted, they approached the provincial government.

In 1972, the Calgary and Edmonton chapters submitted a formal request to the Department of Health and Social Development for a Canadian occupational health program leading to certification that industry and the AARN would recognize. Director of Industrial Health Services, Dr. Rodney May, supported the need for a post-basic certificate program for nurses working in Alberta's rapidly expanding industrial base.

## The Frustration Pays Off

Dr. May championed the cause among the province's post-secondary institutions. Despite lack of interest and resistance (based on the myth that occupational health was a "poor relation" to public health), he persevered in his goal to provide post-basic studies leading to certification. The frustration paid off.

Calgary's Mount Royal College showed considerable enthusiasm for the project. In fact, it was initially chosen due to its involvement with the Banff School of Fine Arts and the University of Puget Sound. Nevertheless, Mount Royal College pulled out of the project in 1972 because of its plans to move to a new campus. Dr. May subsequently approached Grant MacEwan Community College (GMCC), Edmonton. Although interested, GMCC needed more assurance of adequate participation before committing itself.

Consequently, an introductory course in occupational health nursing was offered instead in Edmonton. Thirty-four nurses from as far away as Red Deer and Calgary attended the classes in the provincial laboratory and X-ray training school facility. Participants were assured of receiving transfer credit if and when GMCC established a program.

Once the introductory course was successfully completed, **GMCC agreed to establish the certificate program.** The original students were also full-time employees who could only attend lectures four hours per week. Consequently, the program ran four years. The eight students who completed the 13 courses received the Occupational Health Nursing Certificate (OHNC) in 1976. Two OHNs successfully challenged the exams set by the American Board for Occupational Health Nurses in 1977. Since then, sixteen other OHNs have successfully challenged the American exams.

Those who sought greater nurse involvement in the program applauded the government's decision to sponsor three nurses who completed the OHNC through the Royal College of Nursing, London. They intended to supplement the curriculum development and instruction of the sole course instructor, Elizabeth Butler, upon their return to Alberta. Joyce Cusack did, in fact, return from England to help design and teach two nursing courses.

GMCC assumed full responsibility for the program after the first class graduated. Since the instructors were also government employees, they could not support the lengthy program without jeopardizing the quality of their full-time work. They subsequently relinquished their positions to Elizabeth Dawson who coordinated and taught the program. Under her leadership, it became a full and part-time certificate program.

### **300 Students Graduate from Program**

Although initially patterned after the British program, GMCC's OHNC has continually adapted to meet Alberta's needs. Calgary-area nurses have accessed the program through the Southern Alberta Institute of Technology and Mount Royal College on three occasions. In addition, the OHNC is now offered by distance delivery to students throughout the western provinces and the northern territories. By 1987, 300 students had graduated from the program. Credit for this remarkable accomplishment is due in part to those early industrial nurses who kept the spark of continuing education alive.

## AOHNA: The First Ten Years

After a half-century of practising occupational health, AINA felt the time had come to assert itself as an independent body. In 1977, it became a special interest group of the AARN, known as the Alberta Occupational Health Nurses' Association. Ruby Meunier of Red Deer was elected the first president. Despite the new name, its goal and objectives remained unchanged: to improve workers' health and safety by identifying areas of concern in occupational health nursing, acting as a resource on occupational health nursing, contributing to occupational health and safety legislation, and promoting continuing education.

AOHNA continued to identify areas of concern among OHNs. After polling the membership, AOHNA, published the following guidelines: The Recommended role, Qualifications, Terms, and Conditions of Employment for Occupational Health Nurses in Alberta (1979); Self-Appraisal Competency Standards for the Occupational Health Nurse (1982); and Program Standards (1984). A salary review also recommended that wages be standardized. These guidelines have enlightened management and OHNs alike.

AOHNA has continued to act as a resource on occupational health nursing. As early as 1954, nurses in industry recognized the need for a provincial OHN consultant. In 1974, Elizabeth Butler became Alberta's first. Approximately 80% of her time was spent in Red Deer where she established an occupational health service. The remainder was devoted to consulting around the province. As well as training her immediate staff, Elizabeth Butler commuted weekly to GMCC in order to teach OHNC students. Requests for her services increased to such a degree that a second OHN consultant was hired in 1977: a third in 1978.

On several occasions, AOHNA has contributed to occupational health and safety legislation. It addressed the Alberta Select Committee of the Legislation that was considering the Occupational Health and Safety Act as well as the Worker's Compensation Act. AOHNA also participated on the Federal-Provincial Advisory Committee on Community Health Services that formed a working group to examine ways of preventing and controlling high blood pressure. AOHNA drafted a response to the Issues Paper on Regulating First Aid in Alberta Industries. It also reviewed sections of the Health Professions Act regarding paramedics.

AOHNA submitted briefs to the AARN on confidentiality and health care records as well as on nursing practice standards. AOHNA representatives recently discussed occupational health for small business and agriculture with Minister of Community and Occupational Health, Jim Dinning.

### **The Association Actively Promotes Further Education**

AOHNA was determined to protect the credibility of the OHNC after the struggle to create it. The initial impetus came from the Ontario Occupational Health Nurses' Association (OOHNA), which received money to establish provincial certification. AOHNA provided funds to send a representative to OOHNA's initial meetings to explore the possibility of expanding the idea to national certification. These meetings culminated in the Canadian Council for Occupational Health Nurses, Inc., with Elizabeth Dawson serving as director from 1983 to 1986. OHNs have subsequently received Canadian certification since 1984. In fact, OHNs are the only nursing specialty group with this type of competency measurement.



The associations's five chapters are proud of their contributions to continuing education. Each chapter meets regularly to either share information or tour facilities that will help OHNs in the workplace. Some education committees, like South Central, organize sessions on an annual theme. Others plan individual sessions to meet a particular need; for example, North Central's Blood Pressure Workshop or its Audiometric Refresher Course. Each chapter also participates in such community education projects as North Central's Year of the Nurse display at Londonderry Mall, its Health Careers Fair at Misericordia Hospital, or Nursing Week display at West Edmonton Mall.

### **Recognizing Outstanding Service**

Since 1982, each chapter has recognized the outstanding service of its members by offering honorary memberships to those OHNs who meet all the guidelines: Honorary members must have twenty-five years of industrial nursing experience; be active, paid-up members for the last five years; and have experience serving on an executive or committee. South Central Chapter has awarded three honorary memberships; North Central Chapter has awarded four. In 1986, the Ruptash-Mandryk Awards were also given at the chapter level for the first time, commemorating years of exemplary service.

Each chapter is committed to improving the educational standards required by practising OHNs. AOHNA continues to work through the AARN to gain recognition for occupational health nursing as a specialty at the U of A Faculty of Nursing. If granted, nurses working toward their Bachelor of Science in Nursing would be able to specialize in occupational health.

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## History summarized in one word

The history of the AOHNA can be summarized in one word: education. The intense desire for further training spawned industry-specific support groups, fueled the drive for certification, and prompted the creation of the AOHNA.

This same spirit remains alive in today's OHNs. Although working conditions have vastly improved, a new set of occupational health challenges face AOHNA members. These problems will be overcome with the same resourcefulness that has characterized the last 50 years. In so doing, the rich heritage of the AOHNA will be passed on to tomorrow's OHNs.