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Crown Law Department,

Perth, 12th June, 1956.

THE undermentioned Regulations made under the provisions of the Health Act, 1911, and amended from time to time prior to the 26th March, 1956, are reprinted pursuant to the Reprinting of Regulations Act, 1954, as so amended, by authority of the Minister for Justice.

R. C. GREEN,  
Under Secretary for Law.

### HEALTH ACT, 1911.

#### MIDWIVES REGULATIONS.

(Published in the *Government Gazette* on the 9th January, 1948, incorporating the amendments thereto published in the *Government Gazette* on the 9th July, 1948; 13th November, 1953; 17th December, 1954, and 6th July, 1955, and reprinted pursuant to the Reprinting of Regulations Act, 1954).

Reprinted pursuant to the Reprinting of Regulations Act, 1954, by authority of the Minister, dated 12th June, 1956.

THE HEALTH ACT, 1911.

Regulations.\*

1. These regulations may be cited as the Midwives Regulations.

2. These regulations are divided into parts as follows:—

Part I., r. 3—Preliminary.

Part II., rr. 4-30—Supervision and Restriction of the Practice of Midwifery Nurses.

Part III., rr. 31-41—Proceedings in case of breach of regulations.

Part IV., rr. 42-49—Appeals.

Appendix—Forms.

Part I.—Preliminary.

3. In these regulations, unless the context requires a different construction—

“The Board” shall mean the Nurses’ Registration Board;

“Nurse” shall mean midwifery nurse registered with the Nurses’ Registration Board;

“Commissioner” shall mean the Commissioner of Public Health;

“Medical Officer of Health” shall mean the Medical Officer of the local authority of the district;

“Prescribed” shall mean prescribed by these regulations;

“Secretary” shall mean the Secretary to the Board.

Part II.—Supervision and Restriction of the Practice of Midwifery Nurses.

4. When engaged to attend a labour the nurse should take an opportunity of visiting the patient in her own house, to advise as to personal and general arrangements for the confinement.

5. The nurse must be scrupulously clean in every way, including her person, clothing, appliances, and house; she must keep her nails cut short and clean, and preserve the skin of her hands as far as possible from cracks and abrasions.

6. When attending to her patients she must wear a clean dress of washable material that can be boiled, such as linen, cotton, etc., and over it a clean washable apron or overall.

\*As published in the *Government Gazette* on the 9th January, 1948, and incorporating the amendments thereto published in the *Government Gazette* on the 9th July, 1948; 13th November, 1953; 17th December, 1954, and 6th July, 1955.

## Appliances.

7. When called to a confinement, a nurse must take with her a bag furnished with a removable lining, which can be disinfected, and containing the following requisites, namely:—(a) A gauze mask to cover the mouth and nose during delivery or vaginal examination; (b) a pair of sterilised rubber gloves; (c) an appliance for the giving of vaginal injections; (d) a separate appliance from the above for the giving of enemata; (e) a catheter; (f) a pair of scissors; (g) a clinical thermometer; (h) a nail brush; (i) a mucous catheter; (j) a hypodermic syringe; (k) pituitrin, to be used only in the third stage; (l) a supply of cotton wool and material for tying the cord; (m) a bottle containing sterile salt tablets; (n) efficient preparations for disinfecting the hands, for douching in special cases, and for cleansing the infant's eyes.

8. Whenever a nurse has been in attendance, whether as a midwifery nurse or a general trained nurse, upon a patient, or in contact with a person suffering from puerperal fevers or from any other conditions supposed to be infectious, or is herself liable to be a source of infection, she must cease to act as a nurse for a period, to be decided by the Commissioner of Public Health, and before resuming practice must disinfect herself and all her instruments and other appliances, and must have her clothing thoroughly disinfected, to the satisfaction of the Commissioner, before going to any other maternity patient.

## Duties to Patient.

9. A nurse in charge of a case of labour must not leave the patient without giving an address by which she can be found without delay; and after the commencement of the second stage, she must stay with the woman until the expulsion of the placenta and for a period thereafter of at least 12 hours. In cases where a doctor has been sent for on account of the labour being abnormal or of there being threatened danger (see regulation 21) she must await his arrival and faithfully carry out his instructions.

10. The nurse in charge must in all cases of labour examine the placenta and membranes before they are destroyed, and must satisfy herself that they are completely removed, and so indicate upon the chart.

11. The nurse must immediately remove soiled linen, blood, faeces, urine, and the placenta and membranes from the lying-in room, and shall be responsible for the cleansing and disinfection of the soiled linen. Reg. 11 amended by G.G. 17/12/54, p. 2248.

12. The nurse shall be responsible for the cleanliness and shall give all necessary directions for securing the comfort and proper dieting of the mother and child, and shall herself wash the external genital organs (wearing a mask while so doing) and attend the patient morning and evening each day during the lying-in period, which shall be held, for the purpose of these regulations and in a normal case, to mean the time occupied by the labour, and a period of 10 days after.

13. A case of normal labour in these regulations shall mean a labour in which there is none of the conditions specified in regulation 21 hereunder.

14. The nurse shall take and record the pulse and temperature of the patient morning and evening and record her findings on the chart daily.

Reg. 15  
substituted  
by G.G.  
13/11/53,  
p. 2257,  
Reg. 15A  
added by  
G.G.  
13/11/53,  
pp. 2257-8.

15. A nurse shall not administer an anaesthetic to a patient except for the purpose of obstetric analgesia.

15A. A nurse shall not administer an anaesthetic to a patient for the purpose of obstetric analgesia unless—

- (1) (a) she has completed the prescribed course and passed the examination in obstetric analgesia conducted by the Nurses Registration Board; or
- (b) she holds an equivalent qualification recognised by the Nurses Registration Board; or
- (c) she has received the approval of the Board, by virtue of the fact that she has had adequate experience in the administration of obstetric analgesia, and in this connection she shall have submitted to the Board an application for approval giving full details of the experience, the apparatus used, the application being supported by the signature of one or more medical practitioners as the case may be;
- (2) the patient has, within the thirty days preceeding her confinement, been examined by a registered medical practitioner who has handed to the nurse a certificate in writing that the patient at the time of the examination was in a fit condition to undergo the administration of an anaesthetic for obstetric analgesia; and
- (3) one other person, being a person acceptable to the patient, and who, in the opinion of the nurse, is suitable for the purpose, is present at the time of the administration of the anaesthetic.

Reg. 15B  
added by  
G.G.  
13/11/53,  
pp. 2257-8.

15B. A nurse shall not administer any anaesthetic to a patient or use any anaesthetic apparatus, other than the anaesthetics and apparatus prescribed in this regulation; nor shall she use any anaesthetic apparatus other than in conjunction with the anaesthetic prescribed in this regulation.

#### Permitted Anaesthetics and Apparatus.

- (a) Anaesthetic—Nitrous oxide and oxygen.  
Apparatus—C.I.G. type "A" or apparatus of similar construction.
- (b) Anaesthetic—Nitrous oxide and air.  
Apparatus—Minnitt gas-air analgesia apparatus.
- (c) Anaesthetic—Trilene.  
Apparatus—Siebe-Gorman or Freedman inhaler.

Reg. 15C  
added by  
G.G.  
6/7/55,  
p. 1649.

15C. A nurse may administer by the intramuscular route an oxytocic drug to a patient whilst the patient is in any stage of labour and if the head of the child about to be born has been delivered.

#### Duties to Child.

16. In the case of a child being born apparently dead, the nurse must carry out the methods of resuscitation which have been taught her.

17. As soon as the child's head is born, and, if possible, before the eyes are opened, its eyelids must be carefully cleansed.

18. On the birth of a child which is in danger of death, the nurse shall inform one of the parents of the child's condition.

## General.

19. (1) In no case must a nurse lay out the body of any patient on whom she has not been in attendance at the time of death, or a body upon which a post mortem examination has been made.

(2) A nurse will not transgress this rule if—

(a) she prepares for burial the body of a lying-in woman, a still-born child, or an infant dying within ten days;

(b) she prepares for burial the body of any other person, provided that the services of no other person be available for this purpose.

(3) After laying out a dead body for burial she must notify the Commissioner and the medical officer (Appendix, Form 1) and undergo adequate cleansing and disinfection.

20. A nurse must note in her Register of Cases (Appendix, Form 2) each occasion on which she is under the necessity of administering any drug other than a simple aperient, the dose, and the time and cause of its administration.

Circumstances under which Medical Assistance shall be sent for.

21. A nurse shall call in medical assistance when any of the following circumstances arise or conditions occur:—

(1) In all cases where a woman during pregnancy, labour, or puerperium appears to be dying.

(2) During pregnancy—(a) If the patient is a dwarf or deformed: (b) in all cases of haemorrhage, excessive vomiting, puffiness of hands or face, fits or convulsions, dangerous varicose veins, purulent discharge, sores of the genitals; (c) any presentation other than normal.

(3) During labour—Haemorrhage, abortion or miscarriage, fits or convulsions, a purulent discharge, sores of the genitals, a malpresentation, when no presentation can be made out, where two hours after the birth of the child the placenta and membranes have not been completely expelled, in any case of rupture of the perineum, or soft parts.

(4) During puerperium—Fits or convulsions, abdominal swelling and tenderness, offensive lochia, if persistent, sudden cessation of lochia, rigor, with raised temperature, rise of temperature above 100.4 deg. F., with quickening of the pulse for more than 24 hours, unusual swelling of the breasts, with local tenderness or pain, secondary post-partum haemorrhage, phlegmasia.

(5) In the case of the child—Premature birth, asphyxia, injuries received during birth, any malformation or deformity in a child that seems likely to live, haemorrhage of the newly born, lowered vitality, inflammation or discharge from the eyes, however slight, serious skin eruptions, inflammation about the navel.

22. (1) In all cases where a nurse sends for medical assistance, such message shall be sent to—

(a) the medical practitioner engaged to attend the case or, if not available, then to any other medical practitioner;

(b) if no medical practitioner has been engaged, then to the nearest medical practitioner;

(c) if the patient is in indigent circumstances, then first to the District Medical Officer. If the District Medical Officer is not available, then to the nearest medical practitioner.

(2) In all cases under (c) the form prescribed shall be used, the duplicate of which shall be sent to the Commissioner forthwith. (Appendix Form 3.)

23. Where a nurse sends for medical assistance under the provisions of the preceding regulation, in the case of a patient who cannot or whose husband cannot afford to pay for such medical assistance, then such nurse shall first send for the District Medical Officer, if such an officer be available, and such officer shall be entitled to receive from the Board a fee of one guinea at the completion of each such case so attended, together with the sustenance and travelling allowances to which he is entitled.

Provided that—

(i) in any such case where a District Medical Officer is not available and any other medical practitioner attends the case, then he shall be entitled to receive the fee of two guineas and the same allowances;

(ii) if within 12 months from the date of such medical assistance being rendered, the patient or her husband is able to pay the cost or a part of the cost of such assistance, then all moneys paid to a medical practitioner under this regulation shall be deemed to be a debt due from the patient or her husband to the Board.

#### Notifications.

24. Every nurse who fills up the schedule of information for the registration of a birth, shall insert in the place provided for the name of the nurse, in addition to her name, her registration number as a midwifery nurse, thus, e.g.—“Mary A. Smith, Registered Nurse, 257,” or if she does not herself fill up such form, shall supply the patient or the person responsible for the registration of the birth, with information as to her full name and registered number for entry on such form.

25. (1) The nurse must within 48 hours of the event, send notice on the prescribed form to the Commissioner and the medical officer, in the following cases:—

(a) Death—In all cases in which the death of the mother or of the child occurs. (Appendix, Form 4.)

(b) Stillbirth—In all cases of stillbirth. (Appendix, Form 5.)

(2) A child is deemed to be stillborn when, being of seven months' gestation or over, after being completely born it has not breathed or shown any sign of life (see regulation 21).

26. The form in which a midwifery nurse shall report to the Commissioner and the medical officer of health on every case attended by her (section 314, ss. 1 of the Act) shall be prescribed. (Appendix, Form 6.)

#### Inspection.

27. Any person appointed by the Commissioner for this purpose may—(1) inspect the premises of any nurse and may examine all books, records, bag, appliances, etc., required to be kept under these regulations by such nurse; (2) make any investigation into the professional conduct of any nurse; (3) every nurse shall render every reasonable facility for such inspection or investigation.

28. (1) The proper designation of a registered midwifery nurse is “Registered Midwifery Nurse,” thus, e.g., “Mary Smith, Registered Midwifery Nurse.”

(2) No abbreviation in the form of initial letters is permitted, nor any other description of the qualification:

Provided that the midwifery nurse whose name has been admitted to the Register in virtue of having passed the examination of the Board, or in virtue of a qualification recognised by the Board, acquired by passing an examination in midwifery, may add the words “by examination” after the words “Registered Midwifery Nurse.”

29. Any midwifery nurse shall be entitled to receive a copy of these regulations, upon application to a local authority, or at the office of the Board, Department of Public Health.

Penalty.

30. When anything is by these regulations directed to be done or forbidden to be done, and such act so directed to be done remains undone, or such act forbidden to be done is done, in every such case the person making default as to such direction and prohibition, respectively, shall be deemed guilty of an offence against these regulations; and every such person shall be liable to a penalty not exceeding 10 pounds for every breach of these regulations.

Part III.

Proceedings in Case of Breach of Regulations.

31. A local authority, medical officer or a person appointed by regulation 27 hereof shall report to the Board when any breach of these regulations has been committed by a nurse, and such report shall state the nature of the breach.

32. When any report is received as provided in the last preceding regulation, the Board shall cause due inquiry to be made into the case, and the result of such inquiry shall be reported to the Board.

33. If the Board decide that such case has been made out, proceedings shall be commenced by the issue of a notice in writing addressed to the accused person by the Board. Such notice shall specify the nature and particulars of the charge alleged against the accused person, and shall inform her of the day on which the Board intend to deal with the case and decide upon the said charge. The notice shall further require the accused person to forward her certificate and register of cases to the Board before the hearing of the case, to answer in writing the charge brought against her and to attend before the Board on such day.

34. The notice, accompanied by a copy of these regulations, shall be sent by registered letter to the last known address or the enrolled address of the accused person, and shall be so sent as to allow at least 14 days between which the notice is issued and the day appointed for the hearing of the case by the Board.

35. The case shall be heard at a special meeting of the Board, of which at least seven days' notice shall be sent, by the Secretary to each member. The accused person may be represented or assisted by a friend—legal or otherwise: Provided that three clear days' notice of the intention of such legal representative to appear on behalf of the accused has been received by the Secretary.

36. At the hearing of the case, the Secretary or other person appointed by the Board for the purpose shall first state to the Board the facts of the case and the charge alleged against the accused person, and shall then submit to the Board the evidence which he has received in support of the charge. The accused person, or her representative, shall be entitled to cross-examine any witness appearing against her on matters relevant to the charge.

37. When the evidence in support of the charge and a statement by or on behalf of the person making the charge are concluded, the accused person, or her representative, shall be invited by the chairman to address the Board and to tender evidence in answer to the charge.

38. If the accused person does not attend as required, either personally or by representative, the Board may proceed to hear and decide on the charge in her absence.

39. Upon the conclusion of the whole case, the Board shall deliberate thereon, and shall, after due consideration of all the relevant evidence on either side—whether oral or documentary—pronounce its decision, either forthwith or at a subsequent meeting.

40. If the Board find the charge against the accused person to be proved, either in whole or in part, and the offence cannot in its opinion be adequately dealt with by censure or caution, the Board may impose a penalty which shall not exceed the penalty prescribed by regulation 30 hereof, and may make such order as to costs as it shall think just.

41. Notwithstanding anything contained in these regulations, no person shall be prosecuted in accordance with subsection 4 of section 313<sup>1</sup> of the Act and also be dealt with by the Board as provided in this Part in respect of the same matter.

#### Part IV—Appeals.

42. Appeals from decisions of the Nurses' Registration Board shall be brought by notice in writing signed by the person aggrieved.

43. Such notice shall set out the substance of the decision complained of and the date of such decision, and also fully state the grounds on which the appeal is brought; and an address for service within one mile of the General Post Office, Perth, shall be given at which notices and documents relating to the appeal may be delivered or given to the appellant.

44. The appeal shall be entered by the appellant in the Central Office of the Supreme Court, and the notice of appeal shall be filed therewith within a period of three months from the date of the Board's decision.

45. Notice of such entry shall be given to the Board by the appellant within two days of the entry and a copy of the notice of the appeal shall be delivered therewith.

46. The appeal shall come on for hearing on such day as the Judge in Chambers appoints, not less than seven days after entry, and notice thereof shall be sent to the appellant at the appointed address for service and to the Board.

47. Either party may without further or special order adduce evidence on affidavit to be filed at least two clear days before the hearing.

48. The appeal may be determined on the material before the Board when giving the decision (which may be ascertained in such manner as the Judge thinks proper) or on fresh evidence either oral or by affidavit, or partly in one way and partly in another, and the Judge may rehear the testimony of any witness whether by way of examination or cross-examination, and any party concerned may be represented by counsel.

49. The result of the appeal shall be embodied in a formal order and a minute thereof shall be entered by the Board in its register.

#### Appendix.

Form 1.

Western Australia.  
Department of Public Health.  
Midwives Regulations.

#### FORM OF NOTIFICATION OF HAVING LAID OUT A DEAD BODY.

To the Commissioner of Public Health/Medical Officer of Health of the Municipal District of.....or \* the Road District of.....or \* the Local Board of Health of.....

I, the undersigned, being a Registered Midwifery Nurse (No.....) hereby notify that, on the.....day of.....19....., I \* prepared or \* assisted to prepare a dead body for burial the particulars in respect of which are as below:—

Name of Midwifery Nurse.....  
Address of Midwifery Nurse.....  
Name of deceased.....  
Age of deceased.....  
Cause of death.....

\*Strike out the words not applicable.

<sup>1</sup> See now s. 334 (4) of 1949 reprint of Health Act, 1911-1948.



Form 4. Western Australia. Department of Public Health. Midwives Regulations.

FORM OF NOTIFICATION OF DEATH.

To the Commissioner of Public Health/Medical Officer of Health of the Municipal District of...or \* the Road District of...or \* the Local Board of Health of...

I, the undersigned, being a Registered Midwifery Nurse (No.....) hereby notify that the following death occurred in my practice on the.....day of.....19..... Was a registered medical practitioner in attendance?..... Name of Midwifery Nurse..... Address of Midwifery Nurse..... Name of deceased..... Address of deceased..... Age of deceased..... Date of delivery.....

\*Strike out the words not applicable.

Form 5. Western Australia. Department of Public Health. Midwives Regulations.

FORM OF NOTIFICATION OF STILLBIRTH.

To the Commissioner of Public Health/Medical Officer of Health of the Municipal District of...or \* the Road District of...or \* the Local Board of Health of...

I, the undersigned, being a Registered Midwifery Nurse (No.....) hereby notify that on the day of.....19.....was delivered of a stillborn child. Was a registered medical practitioner in attendance..... Sex..... Full term or premature (No. of months)..... Condition of child (whether macerated or not)..... Presentation..... Name of Midwifery Nurse..... Address of Midwifery Nurse.....

\*Strike out the words not applicable.

Form 6 substituted by G.G. 9/7/48, p. 1535.

Form 6. Western Australia. Department of Public Health. Midwives Regulations.

FORM OF NOTIFICATION OF CASE ATTENDED.

To the Commissioner of Public Health/Medical Officer of Health of the Municipal District of...or \* the Road District of...or \* the Local Board of Health of...

I hereby report having attended the case of livebirth\*, still-birth\*, abortion\*, particulars of which are set out hereunder:— Name of patient..... Address where patient attended..... Home address of mother..... Date and hour of confinement..... Sex of infant..... Was labour complicated (Yes or No)..... Name of medical practitioner..... Signature..... Reg. No..... Address.....

\*Strike out the words not applicable.