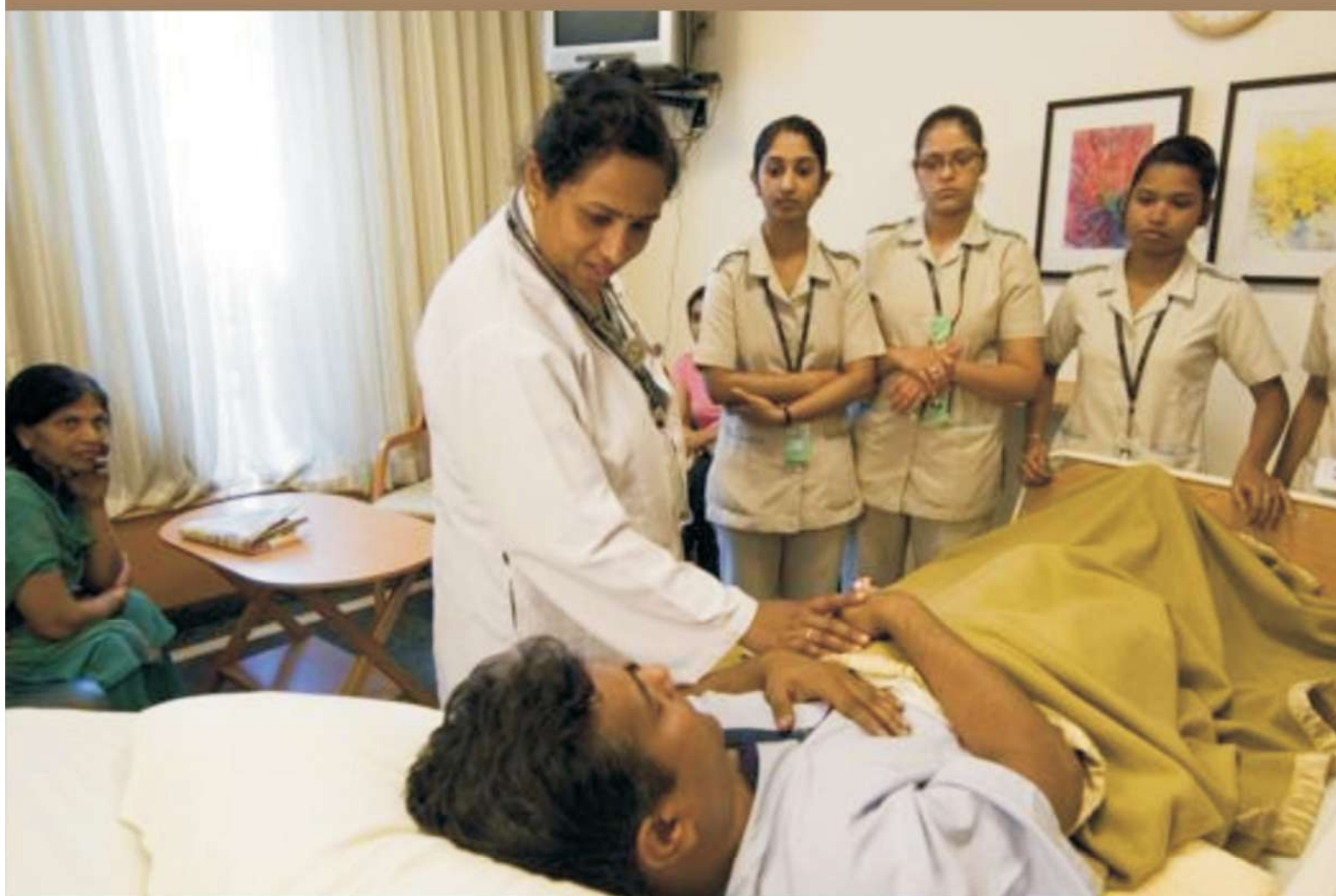




Health Care Services

NSQF Level-1

Class-IX

Author Manuscript **Student Handbook**



CENTRAL BOARD OF SECONDARY EDUCATION

Shiksha Kendra, 2, Community Centre, Preet Vihar, Delhi-110092

Health Care Services

NSQF Level -1

Class - IX

Student Handbook



CENTRAL BOARD OF SECONDARY EDUCATION

Shiksha Kendra, 2, Community Centre, Preet Vihar, Delhi-110092

Health Care Services NSQF Level -1
Student Handbook, Class - IX

Price :

First Edition: January 2018, CBSE

Copies:

Paper used : 80 GSM CBSE Water Mark White Maplitho

“This book or part thereof may not be reproduced by
any person or agency in any manner”

Published By The Secretary, Central Board of Secondary Education, Shiksha
Kendra, 2, Community Centre, Preet Vihar, Delhi-110092

**Design, Layout
& Composed By** Raj Printers, A-9, Sctor B-2, Tronica City, Loni,
Ghaziabad, U.P.-201102

भारत का संविधान

उद्देशिका

हम, भारत के लोग, भारत को एक सम्पूर्ण 'प्रभुत्व-संपन्न समाजवादी पंथनिरपेक्ष लोकतंत्रात्मक गणराज्य बनाने के लिए, तथा उसके समस्त नागरिकों को:

सामाजिक, आर्थिक और राजनैतिक न्याय,
विचार, अभिव्यक्ति, विश्वास, धर्म

और उपासना की स्वतंत्रता,
प्रतिष्ठा और अवसर की समता

प्राप्त कराने के लिए
तथा उन सब में व्यक्ति की गरिमा

और राष्ट्र की एकता और अखंडता
सुनिश्चित करने वाली बंधुता बढ़ाने के लिए

दृढ़संकल्प होकर अपनी इस संविधान सभा में आज तारीख 26 नवम्बर, 1949 ई० को एतद्वारा इस संविधान को अंगीकृत, अधिनियमित और आत्मार्पित करते हैं।

1. संविधान (बयालीसवां संशोधन) अधिनियम, 1976 की धारा 2 द्वारा (3.1.1977) से "प्रभुत्व-संपन्न लोकतंत्रात्मक गणराज्य" के स्थान पर प्रतिस्थापित।
2. संविधान (बयालीसवां संशोधन) अधिनियम, 1976 की धारा 2 द्वारा (3.1.1977) से "राष्ट्र की एकता" के स्थान पर प्रतिस्थापित।

भाग 4 क

मूल कर्तव्य

51 क. मूल कर्तव्य - भारत के प्रत्येक नागरिक का यह कर्तव्य होगा कि वह -

- (क) संविधान का पालन करे और उसके आदर्शों, संस्थाओं, राष्ट्रध्वज और राष्ट्रगान का आदर करे;
- (ख) स्वतंत्रता के लिए हमारे राष्ट्रीय आंदोलन को प्रेरित करने वाले उच्च आदर्शों को हृदय में संजोए रखे और उनका पालन करे;
- (ग) भारत की प्रभुता, एकता और अखंडता की रक्षा करे और उसे अक्षुण्ण रखे;
- (घ) देश की रक्षा करे और आह्वान किए जाने पर राष्ट्र की सेवा करे;
- (ङ) भारत के सभी लोगों में समरसता और समान भ्रातृत्व की भावना का निर्माण करे जो धर्म, भाषा और प्रदेश या वर्ग पर आधारित सभी भेदभाव से परे हों, ऐसी प्रथाओं का त्याग करे जो स्त्रियों के सम्मान के विरुद्ध हैं;
- (च) हमारी सामासिक संस्कृति की गौरवशाली परंपरा का महत्त्व समझे और उसका परिरक्षण करे;
- (छ) प्राकृतिक पर्यावरण की जिसके अंतर्गत वन, झील, नदी, और वन्य जीव हैं, रक्षा करे और उसका संवर्धन करे तथा प्राणी मात्र के प्रति दयाभाव रखे;
- (ज) वैज्ञानिक दृष्टिकोण, मानववाद और ज्ञानार्जन तथा सुधार की भावना का विकास करे;
- (झ) सार्वजनिक संपत्ति को सुरक्षित रखे और हिंसा से दूर रहे;
- (ञ) व्यक्तिगत और सामूहिक गतिविधियों के सभी क्षेत्रों में उत्कर्ष की ओर बढ़ने का सतत प्रयास करे जिससे राष्ट्र निरंतर बढ़ते हुए प्रयत्न और उपलब्धि की नई उंचाइयों को छू ले;
- ¹(ट) यदि माता-पिता या संरक्षक है, छह वर्ष से चौदह वर्ष तक की आयु वाले अपने, यथास्थिति, बालक या प्रतिपाल्य के लिये शिक्षा के अवसर प्रदान करे।

1. संविधान (छयासीवां संशोधन) अधिनियम, 2002 की धारा 4 द्वारा प्रतिस्थापित।

THE CONSTITUTION OF INDIA

PREAMBLE

WE, THE PEOPLE OF INDIA, having solemnly resolved to constitute India into a '**SOVEREIGN SOCIALIST SECULAR DEMOCRATIC REPUBLIC**' and to secure to all its citizens :

JUSTICE, social, economic and political;

LIBERTY of thought, expression, belief, faith and worship;

EQUALITY of status and of opportunity; and to promote among them all

FRATERNITY assuring the dignity of the individual and the² unity and integrity of the Nation;

IN OUR CONSTITUENT ASSEMBLY this twenty-sixth day of November, 1949, do **HEREBY ADOPT, ENACT AND GIVE TO OURSELVES THIS CONSTITUTION.**

-
1. Subs. by the Constitution (Forty-Second Amendment) Act. 1976, sec. 2, for "Sovereign Democratic Republic" (w.e.f. 3.1.1977)
 2. Subs. by the Constitution (Forty-Second Amendment) Act. 1976, sec. 2, for "unity of the Nation" (w.e.f. 3.1.1977)
-

THE CONSTITUTION OF INDIA

Chapter IV A

FUNDAMENTAL DUTIES

ARTICLE 51A

Fundamental Duties - It shall be the duty of every citizen of India-

- (a) to abide by the Constitution and respect its ideals and institutions, the National Flag and the National Anthem;
- (b) to cherish and follow the noble ideals which inspired our national struggle for freedom;
- (c) to uphold and protect the sovereignty, unity and integrity of India;
- (d) to defend the country and render national service when called upon to do so;
- (e) to promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic and regional or sectional diversities; to renounce practices derogatory to the dignity of women;
- (f) to value and preserve the rich heritage of our composite culture;
- (g) to protect and improve the natural environment including forests, lakes, rivers, wild life and to have compassion for living creatures;
- (h) to develop the scientific temper, humanism and the spirit of inquiry and reform;
- (i) to safeguard public property and to abjure violence;
- (j) to strive towards excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavour and achievement;
- ¹(k) to provide opportunities for education to his/her child or, as the case may be, ward between age of 6 and 14 years.

-
1. Subs. by the Constitution (Eighty - Sixth Amendment) Act, 2002

Preface

The Student Handbook is a part of the training package developed for the vocational subject under the National Skill Qualification Framework (NSQF), an initiative of Government of India. The NSQF sets common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities. It is envisaged that the NSQF will promote transparency of qualifications, cross-sectoral learning, student-centred learning and facilitate learner's mobility between different qualifications, thus encouraging lifelong learning. The National Curriculum Framework, 2005 recommends that children's life at school must be linked to their life outside the school. This principle makes a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home, community and the workplace.

Pandit Sunderlal Sharma Central Institute of Vocational Education (PSSCIVE), a constituent of National Council of Educational Research and Training (NCERT) has developed modular curriculum and learning materials for the vocational subjects offered from Classes IX to XII (NSQF Levels 1-4). This Student Handbook, which has been developed keeping in view the National Occupational Standards (NOS) set by the Healthcare Sector Skill Council (HSSC) for the Job Role of Patient Care Assistant/ General Duty Assistant is meant for students who have passed Class-VIII or equivalent examination. The National Occupational Standards are a set of competency standards used for recognizing and assessing occupational skills and knowledge needed to perform effectively in the workplace.

The success of vocationalisation of education in schools depends on the steps that Principals and Teachers will take to encourage children to reflect their own learning and to pursue imaginative and on-the-job training activities. Participation of learners in skill development exercises and inculcation of values and creativity is possible if we involve children as participants in learning and not as receivers of information. Flexibility in the daily time-table would be a necessity to maintain the rigour in implementing the activities and the required number of teaching days will have to be increased for teaching vocational subjects.

The Student Handbook has been developed and reviewed by a group of experts and their contributions are admirably acknowledged. The feedback and suggestions on the content by the teachers and other stakeholders will be of immense value to us in bringing about necessary improvement in the Student Handbook.

Chairperson, CBSE

Acknowledgements

Advisors

- **Smt. Anita Karwal, IAS**, Chairperson, CBSE

Content Developed By

- **PSSCIVE, Bhopal**

Editing & Coordination

- **Dr. Biswajit Saha**, Director (V.E & Training), CBSE

Contents

Unit 1 : Healthcare Delivery Systems	I
Session 1: Describe Healthcare Delivery Systems	4
Session 2: Identify Components and Activities of Hospital	9
Session 3: Describe Role and Function of Clinic	13
Session 4: Describe Rehabilitation Care Facilities	16
Session 5: Describe Long Term Care Facilities	20
Session 6: Hospice Care	23
Unit 2 : Role of Patient Care Assistant	27
Session 1: Describe the Role of Patient Care Assistant	30
Session 2: Identify Various Activities of Patient's Daily Care	33
Session 3: Describe Basic Requirements for Patient Comfort	39
Session 4: Describe Various Aspects of Patient's Safety	41
Session 5: Describe Qualities of a Good Patient Care Assistant	45
Session 6: Biomedical Waste and Its Management	50
Unit 3 : Personal Hygiene and Hygiene Standards	55
Session 1: Demonstrate Good Hygiene Practice	57
Session 2: Describe Factors Affecting Good Health	63
Session 3: Perform Hand Washing	68
Session 4: Demonstrate Personal Grooming	72
Unit 4 : Primary Healthcare and Emergency Medical Response	74
Session 1: Describe Essential Components of Primary Healthcare	76
Session 2: Demonstrate Chain of Survival	80
Unit 5 : Immunization	84
Session 1: Differentiate between various types of Immunity	86
Session 2: Describe Immunization Schedule	87
Session 3: Describe Key Components of Universal Immunization Programme	92
Session 4: Pulse Polio Immunization Programme	94
Unit 6 : Communication at Workplace	98
Session 1: Describe Elements of Communication	100
Session 2: Demonstrate Effective Communication Skills	105
Glossary	117

UNIT – 1

HEALTHCARE DELIVERY SySTEMS

Learning Outcomes

Unit 1 HEALTHCARE DELIVERY SySTEMS				
Location Classroom/ Hospital/ Clinic.	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Understand healthcare delivery systems.	- Describe the different types of healthcare delivery system. - Describe the role of Voluntary Health Sector.	Identify different of healthcare delivery system followed in India.	Interactive Lecture: - Healthcare Delivery System. Activity: - Visit a Hospital and Clinic and enlist all the services and the equipment used in the Hospital and Clinic.
	Identify the components and activities of hospital.	- State the function of a hospital in patient care. - Enlist the services provided by the the hospital to patients.	- Identify the various components of a Hospital System. - Identify the various equipment used in Hospital.	Interactive Lecture: - Role and Functions of Hospital. Activity: - Visit a Hospital to to study the role and functions. Prepare report for the Student Portfolio.
	Understand role and functions of clinics.	- Describe the role and function of a clinic. - Describe the preventative care provided at the Doctor's clinic. - Prepare a chart for basic preventative care.	Enlist the requirements for patient safety at Doctor's clinic.	Interactive Lecture: - Preventative care and Maintenance. Activity: - Visit to two Clinic or Doctor's Office and observe the available preventative care being administered in those clinic and prepare a report highlighting the services provided in the two Clinics.

	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Describe the function of rehabilitation centre.	- Describe the role of rehabilitation facility in patient recovery. - Differentiate between services provided at various Rehabilitation/ Convalescent Centre.	Identify the facilities at the rehabilitation centre.	Interactive Lecture: - Role and Function of Rehabilitation Centre. Activity: - Visit a doctor's office and clinic and enlist all the services and equipment.
	Describe the treatment and services provided at the Long Term Care Facilities.	- Describe the role of Long Term Care Facilities in patient care. - Enlist the facilities/treatment provided by Long Term Care Facilities.	Identify the equipment and materials that are used at Long Term Care Facility.	Interactive Lecture: - Long Term Care Facility. Activity: - Visit to Old Day Care Facility/ Centre to study the services and materials used.
	Demonstrate the knowledge of Hospice Care.	Describe the facilities available at Hospital/Home for Hospice Care.	- Assess the need for hospice in treatment of patients. - Identify the facilities extended by the Hospital for Hospice Care. - Identify the services provided as part of the Hospice Care.	Interactive Lecture: - Hospice Care. Activity: - Visit a doctor's office/clinic in your neighborhood and enlist all the services provided there and the equipment required for Hospice Care.

Session 1: Describe Healthcare Delivery Systems

Relevant Knowledge

A number of factors, like food, housing, clothing, hygiene, sanitation, lifestyle, pollution, climate, etc. can influence the health of an individual and population. Healthcare includes all the services provided to a person / population by various agencies related to health and related services. Healthcare services are the services designed to fulfill health based needs of people / community / population, through various resources available. These are delivered by healthcare system that includes the management of health sector and its organizational structure.

The healthcare services should be comprehensive and should be preventive, curative and rehabilitative. These services are provided through a network of various primary, private and community health centers in India.

Healthcare Systems

The World Health Organization (WHO) defines health system as follows: “A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation. It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well known determinant of better health”.

Provision of healthcare in India is a state subject. Healthcare in India is delivered by institutions owned by state government, local bodies and the central government. The center is mainly responsible for developing and monitoring national standards and regulations, linking the states with funding agencies, and sponsoring numerous schemes for effective implementation. The majority of healthcare services in India are provided by the private sector. The government and the private sector are helping in making healthcare accessible in all areas of India; both rural and urban.

The healthcare system is composed of different parts designed to work together to make healthcare accessible to everyone. It consists of hospitals, dispensaries, laboratories and health department for the common objective of maintaining good health for the community. The various features of a healthcare system are as follows:

- It has a structure, a set of goals, input, transformation process, output and feedback;
- It is a continuous process and is composed of sub-systems; and
- It is an open system, where a number of external factors influence its functioning.

A number of healthcare delivery models have been developed for the delivery of healthcare services. The healthcare system/models in India can be categorized under the following sectors or programme:

1. Public Health Sector: It includes the following:

a) Primary Healthcare

- Village level Accredited Social Health Activist
- Village level ANM (Auxiliary Nurse Midwife is a village-level female health worker in India who is known as the first contact person between the community and the health services).
- Sub centers.
- Primary Health Centre.

b) Hospitals/ Health Centers

- Community Health Centers.
- Rural Hospital.
- District Hospital/ Health Centers .
- Specialty Hospitals.
- Teaching Hospitals.

c) Health Insurance Schemes

- Universal Health Insurance programmes.
- Employee State Insurance Scheme.
- Central Government Health Scheme.
- Various schemes of contributory third party payment mechanism, e.g., Yashaswini Scheme, Arogya Bhadratha Scheme, etc.
- Employee Health Insurance Programme sponsored by employer and provided by General Insurance Companies.
- Health Insurance Programme (Mediclaim).

d) Other Agencies

- Defense Services.
- Railways.
- Public Sector Companies.
- Private Companies providing healthcare facilities to their employees through their network.

2. Private Sector: It Includes the following:

- Private Hospitals, Polyclinics, Nursing Homes and Dispensaries.
- General Practitioners and Clinics.

3. Indian Systems of Medicine and Homeopathy

- a) **Ayurveda** : A system of medicine which utilizes herbs as medicine.
- b) **Unani** : Unani medicine has similarities to Ayurveda, as both are based on theory of the presence of the elements (fire, water, earth and air) in the human body. Tibb is the science through which we learn the various states of body. 'Tibb' means the knowledge of the states of the human body in health and decline of health, or in other words, medicine. 'Tibb-E-Unani', is an age old system of medicine, dating back 5000 years to Greece.
- c) **Homeopathy** : Homeopathy is a system of natural medicine introduced and developed by a German physician, Samuel Hahnemann, at the end of the 18th century. It recognizes that the person's mind, body, spirit is affected when there is illness and therefore, seeks to treat that whole person. It treats diseases with remedies prescribed in minute doses.
- d) **Naturopathy** : Naturopathy deals with the healing power of nature since it believes that all healing powers are within your body. It works on the constructive principles of nature.
- e) **Sidha** : In Siddha system, thousands of raw drugs are used. These drugs are categorized into three groups, namely herbal products, metal, mineral products and animal products. Siddhars were saintly persons who achieved results in medicines.

4. Voluntary Health Sector and Non-Government Organizations

The Voluntary Health Sector can be Broadly Classified as Follows:

- **Campaign Groups**: These groups are working on specific health issues, such as a rational drug policy and amniocentesis, among others.
- **Government Voluntary Organization**: These are voluntary organizations which play the role of implementing government programs like Family Planning and Integrated Child Development Services.
- **Healthcare for Special Groups of People**: This includes education, rehabilitation and care of the handicapped.
- **Health Researchers and Activists**: The efforts of these groups are usually directed towards writing occasional papers, organizing meetings on conceptual aspects of health care and critiquing government policy through their journals.
- **Health Work Sponsored by Rotary Clubs, Lions Clubs and Chambers of Commerce**: They usually concentrate on eye camps – conducting cataract operations in the rural areas on a large scale with the help of various specialists, etc.
- **Integrated Development Programs**: In these programs, health is a part of integrated development activities. Consequently, their emphasis on health care may not be as systematic or as effective as that of the previous group.
- **Specialized Community Health Programs**: They include income generating schemes for the poorer communities so that they can meet their basic nutritional needs.

5. National Health Programme

The simple model of healthcare delivery system with input/ output can be represented as below, is generally followed by Indian government and private systems provider.

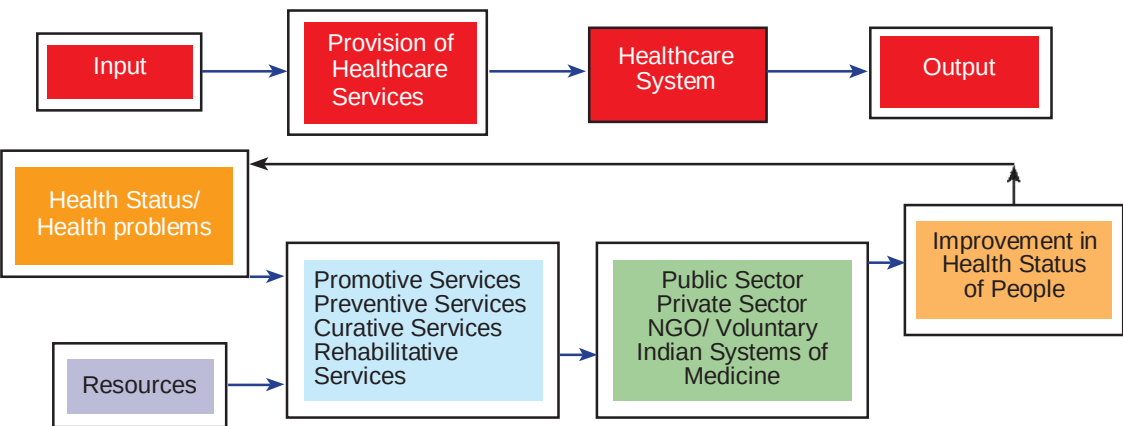
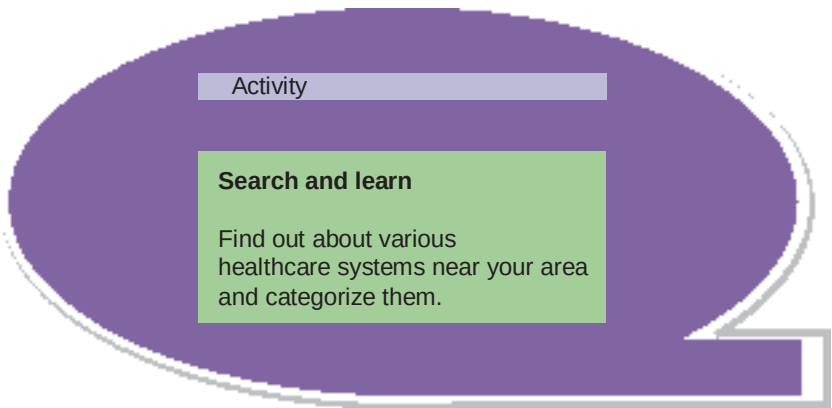


Figure: 1 A Simple Model of Healthcare Delivery System



Further, in this session we will discuss the various healthcare delivery systems practiced in India, especially laying emphasis on Hospital and allied services.

Exercise



1. Find out about different healthcare delivery models followed across the world and discuss their pros and cons in the classroom.

Assessment

I. Short Answer Questions

1. Define the Following:

a) Healthcare.

b) Healthcare delivery system.

2. Enlist two healthcare delivery models followed in India.

3. Which is most widely used healthcare model in India?

4. Who has primary responsibility to provide healthcare to the population in our country?

II. Fill in the Blanks

1. The healthcare services should be promotive, _____ and rehabilitative.
2. Healthcare system is a _____ system with a _____ process.
3. In India, healthcare services are generally provided by _____.

Check for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity.

Part A

1. Define healthcare system.
2. Discuss the various components of healthcare delivery model followed in India.

Part B

Discussed in class the following:

- 1. What is healthcare system?
- 2. Discuss the categories of healthcare delivery models followed in India.
- 3. Discuss the simple model of healthcare system.

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Identify the functions of healthcare system.		
Identify various healthcare delivery models and their components.		

Session 2 : Identify Components and Activities of Hospital

Relevant Knowledge

The term Hospital is derived from the Latin Word Hospes meaning host, which is the root word for English words like hotel, hostel and hospitality. The place where a guest is received is called hospitium or hospitale. Thus, taking it further a hospital is an institution for healthcare. Hospitals are an important and integral part of our healthcare delivery system. In general terms, hospitals provide acute care (treatment for illnesses which come on suddenly and are usually of short duration) and either general or specialized care (Children’s, Cancer, Psychiatric, Acquired Immune Deficiency Syndrome) (AIDS).

Meaning of Hospital

According to World Health Organisation (WHO), a hospital is defined as an integral part of social and medical organization, the function of which is to provide for the population a complete healthcare, both preventive and curative. The outpatient services of the hospital reach out to the family and its home environment. The hospital is also a centre for the training of health workers and bio-social research.

Hospital Set Up

A hospital is an open system with various components that are integrated by common purpose of achieving a set of objectives. The various system and subsystems of a hospital can be schematically represented as follows:

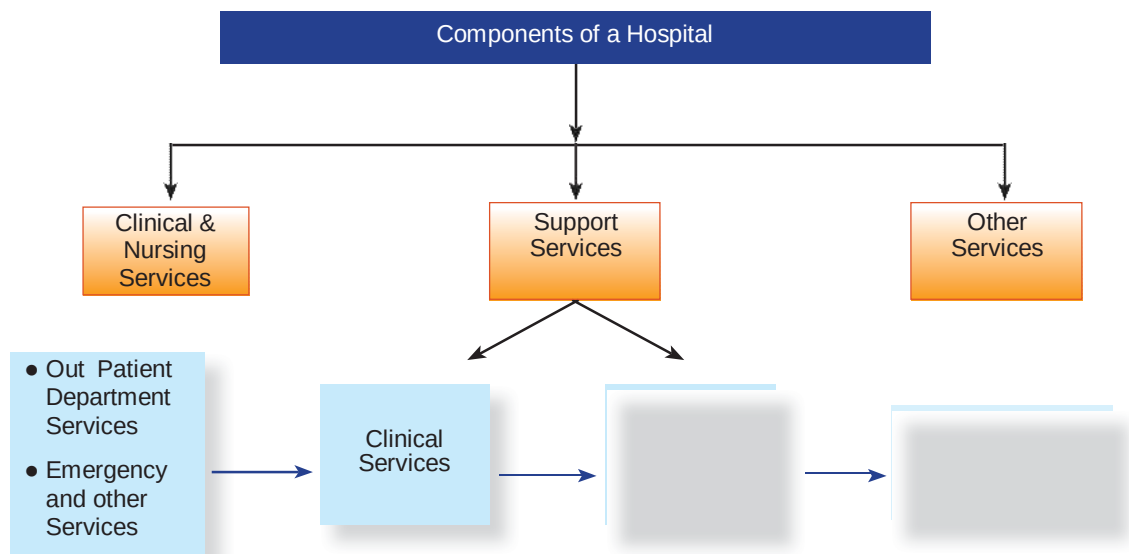


Figure: 2

The performance of all these services is dependent on the cooperation and coordination of various components within the system. The individual sub-systems have their independent goals for providing best patient care. It can be inferred that hospitals are highly complex, social, economic and scientific organization whose function is to provide comprehensive healthcare.

Functions of Hospital

The purpose of healthcare services is to effectively meet the total health needs of community. The hospitals play a major role in maintaining and restoring the health of the community. The main functions of the hospitals can be listed as follows:

- Restorative Functions
- Preventive Functions
- Training and Research in health and medicine

The above functions can be further described as below:

1. Restorative Functions

The various restorative functions of a hospital include:

- **Diagnostic Activity:** It includes the inpatient services involving medical, surgical and other specialties and specific diagnostic procedures.
- **Curative Activities:** It includes treatment of all ailments/diseases.
- **Rehabilitative Activities:** Those activities include physical, mental and social rehabilitation.
- **Emergency Services:** It includes emergency services required for dealing with accidents, natural disasters, epidemics, etc.

2 Preventive Functions

The hospitals also carry out various preventive functions which include the following:

- Supervision of normal pregnancies and childbirth
- Supervision of normal growth and development of children
- Control of communicable diseases
- Prevention of prolonged illness
- Provision of health education services
- Occupational health services
- Preventive health check up

3 Training and Research Activities

The training activities of the hospitals generally refers to the training of medical, paramedical and other support staff (Clinical/Non-clinical) required and working in the facility. The training is generally provided to:

- Medical undergraduates
- Nurses and Midwives
- Specialists and post graduates
- Medical social workers
- Paramedical staff

The research activities carried out by the hospitals are generally for the enhancement of medical technology and services in the following areas:

- Physical, psychological and social aspects of health and diseases
- Clinical medicine
- Hospital practices and administration.

Just give it a thought.....

Even though most of the Indian population still lives in villages/ rural areas but there are more hospitals in urban areas. Why? Give reasons.

Exercise

1. Make a list of services provided by a Hospital.

Assessment

I. Short Answer Questions

1. Define the following:

a) Hospital.

2. State the functions of a hospital.

3. Describe the various components of a hospital system.

II. Fill in the Blanks

1. The word hospital is derived from latin word _____ which means _____.
2. The restorative functions of a hospital include _____, _____, _____ and emergency services.
3. Hospitals provide both _____ and _____ care.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Define a hospital.
2. Discuss the various components of hospital system.
3. Enlist the various functions of a hospital

Part B

Discussed in class the following:

1. What is hospital?
2. Discuss the functions of a hospital.

3. Discuss the components of a hospital.

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Identify the various components of a hospital system.		
Identify the various equipment used in a hospital.		

Session 3 : Describe Role and Functions of Clinic

Relevant Knowledge

A clinic (or an outpatient clinic or an ambulatory care clinic) is a healthcare facility that primarily provides maintenance or preventative care to the outpatients. The word clinic is derived from the Greek word klinein meaning to slope, lean or recline. Hence kline is a couch or bed, klinikos is sloping or reclining and Latin is clinicus. An early use of the word clinic was referred to the person ‘one who receives baptism on a sick bed’.

Clinics can be privately operated or publicly managed and funded, and typically cover the primary healthcare needs of populations in local communities, in contrast to larger hospitals which offer specialised treatments and admit inpatients for overnight stays.

Role and the Functions of a Clinic

The function of clinics will differ from place to place. For instance, a local general practice run by a single general practitioner will provide primary healthcare, and will usually be run as a for-profit business by the owner whereas a government specialist clinic may provide subsidised and specialised healthcare to the patients. They are advantageous to hospitals because they can provide immediate medical attention to patients who are suffering from illness.

Some clinics function as a place for people with injuries or illnesses to come and be seen by nurse or other health worker. In these clinics, the injury or illness may not be serious enough to warrant a visit to an emergency room, but the person can be moved to one if required. They sometimes have access to diagnostic equipment such as X-ray machines and other diagnostic facilities. Doctors at such clinics can often refer patients to specialists if required.

Types of Clinics

There are many different types of clinics providing outpatient services. Such clinics may be public (government funded) or private medical practices.

- A free clinic provides free or low-cost healthcare for it is generally provided by the State or Central government.
- A general out-patient clinic is a clinic offering a community general diagnoses or treatments without an overnight stay.
- A polyclinic is a place where a wide range of healthcare services including diagnostics can be obtained without need of an overnight stay.
- A specialist clinic is a clinic providing advanced diagnostic or treatment services for specific diseases or parts of the body. This type of clinic contrasts with general out-patient clinics, which deal with general health conditions and disease categories.
- A sexual health clinic deals with sexual health related problems, such as prevention and treatment of sexually transmitted infections.
- A fertility clinic aims to help women and couples to become pregnant.
- An ambulatory clinic offers outpatient guidance and counselling for various diseases and procedures that can be carried out in specialised hospitals or clinics.

Activity:

Find out what is a retail clinic. Are there any retail clinics operating in India? If yes, name them and enlist the services provided by them.

Exercise

1. Visit a nearby Clinic and Hospital and enlist the services provided by them and compare their services. Based on this, identify the advantages of a clinic over hospital and prepare a report of what you have observed vis-à-vis what you have been taught.

Assessment

1. What is a clinic?

2. What role does a clinic plays in a community health?

3. Differentiate between a Hospital and a Clinic.

Fill in the Blanks

- 1. A clinic that provides advanced diagnostic or treatment services for specific diseases or parts of the body is called a_____.
- 2. In a polyclinic, many facilities such as _____, curative and preventative services are provided.
- 3. A clinic generally provides _____ and _____ services to the outpatients.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Differentiate between a clinic and a hospital.
- 2. Discuss the role of a clinic in community health.

Part B

Discussed in Class the Following:

- 1. What is clinic?
- 2. What are the role and functions of a clinic?
- 3. What are the different types of clinics?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
State the meaning of clinic.		
Describe the role of clinics in community health.		
Identify types of clinics.		
Identify the various component and activities of clinics.		

Session 4 : Describe Rehabilitation Care Facilities

Relevant Knowledge

Rehabilitation / Convalescent care facilities help in restoring a person back to normal position and to get a useful place in society. As such, a rehabilitation center is a location in which rehabilitation can occur. People get displaced from society for various reasons. Some may experience an accident or illness that temporarily makes them unable to function normally; others may have an addiction that handicaps them. A rehabilitation center provides a support system to help restore people to their place in society.

Functions of a Rehabilitation Center

The function of a rehabilitation center is to provide the means and space to help in the recovery process. This process varies depending on the rehabilitation that is needed. Rehabilitation centers use a combination of therapy, small groups, individual sessions and highly structured living. The function of a rehabilitation center is to both increase the quality of life and to help the patient integrate back into the community. These Programs provides 24-hour care to people who require specific medical and therapeutic services in a supportive environment. The program will help in rebuilding strength, endurance and functioning before returning home.

Rehabilitation centre / Convalescent care provide the care needed when required, it includes:

- Medical and therapeutic support;
- A specialized care plan to help regain strength and independence of the individual in need and
- Guidance to the family and caregivers needed to support the individual in need.

Depending on a persons need, a specialized care team plan is led by doctors and nurses with support from professionals such as physiotherapists, occupational therapists, dietitians and social workers, develop a plan to help in rehabilitation.

Rehabilitation centers are categorized into four types:

- 1. Occupational Centres:** Occupational rehabilitation centers are often found in

clinics and hospitals. They use occupational therapy for assessment and treatment to develop, recover, or maintain the daily living and work skills of people with a physical, mental, or cognitive disorder. These rehabilitation centers focus on helping their clients regain skills needed to function. For example, an occupational therapist may work with a patient who has had a severe spinal cord injury and help regain the use of her arms or legs. An occupational rehabilitation center can help the patient in talking, writing, dressing herself and eating without assistance. The occupational therapist uses consistent rehabilitation exercises that help retrain the body.

- 2. Physical Rehabilitation Centres:** They focus on the use of physical therapy for rehabilitation. Physical therapy or physiotherapy is a physical medicine and rehabilitation specialty that remediates impairments and promotes mobility, function, and quality of life through examination, diagnosis, prognosis, and physical intervention (therapy using mechanical force and movements). Physical rehabilitation centers are similar to occupational rehabilitation centers, except they focus more on using physical exercises to help patients regain motor skills. Physical therapy (also called as physio-therapy) rehabilitation centers specialize in helping rehabilitate patients who have accident-related injuries or who have lost a limb, they also help rehabilitate those who have spinal, muscular or bone problems due to degenerative diseases.
- 3. Addiction Rehabilitation Centres:** The addiction rehabilitation centers give the intensive therapy and tools that a person needs to defeat alcohol and drug addiction so that he/she can get back on the right path and live a successful, happy and productive life. Rehabilitation centers also work with those who have addiction problems. Addictions rehabilitation centers provide both in-patient and out-patient programs. Rehabilitation centers are an important part of treating those addicted to drugs and alcohol. However, rehabilitation centers can also treat eating disorders and other addictions, such as gambling, etc.
- 4. Psychosocial Centres:** Psychiatric rehabilitation, also known as psychosocial (involving both psychological and social aspects) rehabilitation is the process of restoration of community functioning and well-being of an individual diagnosed in mental health or mental or emotional disorder and who may be considered to have a psychiatric disability. Psychosocial rehabilitation centers focus less on physical rehabilitation and more on the rehabilitation of the mind. Psychosocial rehabilitation centers specialize in the treatment and rehabilitation of psychiatric disorders such as major depression, bi-polar disorder, and schizophrenia. Psychosocial rehabilitation was implemented as an alternative to long-term institutionalization. It works to help those suffering from psychiatric disorders stabilize themselves through therapy and medication. Patients also learn skills to cope with their disorder while living in society.

Exercise

1. Visit an occupational rehabilitation center in a hospital and study the various practices adopted for providing rehabilitation to patients.
2. Based on your study devise a small plan for persons recovering from leg injury.

Assessment

I. Short Answer Questions

1. What is the function of a rehabilitation clinic?

2. Which types of services are provided by a rehabilitation center?

3. List four types of rehabilitation centres.

4. What is difference between occupational rehabilitation and physical rehabilitation?

5. Describe the role of Addiction Rehabilitation Centre.

II. Fill in the Blanks

- 1. Addiction rehabilitation treats people with addiction to _____ and _____.
- 2. A person with psychiatric disorder will be ideally treated at _____ rehabilitation centre.
- 3. The motor skills of patient can be treated by providing them_____.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Differentiate between the role of clinic and a rehabilitation center.
- 2. Discuss the role of a rehabilitation center in community health.

Part B

Discussed in Class the Following:

- 1. What is a rehabilitation center?
- 2. Discuss the functions of a rehabilitation center.

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate the knowledge of the functions and activities of various types of rehabilitation centers.		

Session 5 : Describe Long Term Care Facilities

Relevant Knowledge

Long Term Care (LTC) is a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long period of time.

Generally, the LTC provides the non-skilled care, such as assisting with normal daily tasks like dressing, bathing, and using the bathroom. Essentially, it involves providing a level of medical care that requires the expertise of skilled practitioners to address the often multiple chronic conditions associated with older populations. Long-term care can be provided at home, in assisted living facilities or in nursing homes. Long-term care may be needed by people of any age, although it is a more commonly needed for senior citizens.

Definition

Long Term Care facility provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents who are in need of assistance with the activities of daily living. Long-term care facilities include nursing homes, rehabilitation facilities, inpatient behavioural health facilities, and long-term chronic care hospitals.

Need for Long Term Care

Life expectancy is going up in most countries, implying that more and more people are living longer and entering an age when they may need care in their daily activities. In today's world 70 percent of all older people now live in low or middle-income countries. Countries and healthcare systems need to find innovative and sustainable ways to cope with changing scenario.

This change is also being accompanied by changing social patterns, including nuclear families, different residential patterns and increased female labour participation in work force. These factors often contribute to an increased need for care.

In many countries, the largest percentages of older persons needing LTC services still rely on informal home care, or services provided by unpaid caregivers who are usually non-professional family members, friends or other volunteers.

Types of Long Term Care

Long-term care can be provided formally or informally. Facilities that offer formal LTC services typically provide living accommodation for people who require on site delivery of around-the-clock supervised care, including professional health services, personal care and services such as meals and housekeeping. These facilities may be called as nursing home, personal care facility, residential continuing care facility, etc. Long-

term care provided formally in the home, also known as home healthcare, can also include a wide range of clinical services (e.g. nursing, drug therapy, physical therapy) and other activities such as physical construction according to the need of the patient. (e.g. renovating bathrooms and kitchens so that its easier for people to work). These services are usually ordered by a physician or other professional. Informal long-term home care is care and support provided by family members, friends and other unpaid volunteers. It is estimated that 90% of all home care is provided informally by a loved one.

Discuss and Debate

In India, most of the elderly receive non- formal care. What according to you is better option for caring for elderly , formal care in an assisted living home or care at home (non formal care) given by family members?

Exercise

1. For one day, volunteer to visit at an old age home. Write the detailed report about the routine followed and the assistance provided.
2. Suggest at least five ideas that enhance the quality of those living at the center you have visited.

Assessment

1. In today’s society, why do we need long term care?

2. Which services are provided at a Long Term Care facility?

3. What is non-formal long term care? Which type of care is seen in India – formal or non- formal?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity.

Part A

- 1. Define Long Term Care facility.
- 2. Differentiate between the role played by Long Term Care facility and a rehabilitation center.
- 3. Enlist and elaborate various types of services offered at Long Term Care center.
- 4. Discuss the role of a long term care facility in community health.

Part B

Discuss in Class the Following:

- 1. What is Long Term Care?
- 2. Discuss the services provided at the Long Term Care facilities.

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate the knowledge of Long Term Care facilities.		

Session 6 : Hospice Care

Relevant Knowledge

Hospice care is a type and philosophy of care that focuses on the relieving and preventing the suffering of a terminally ill or seriously ill patient's pain and symptoms, and attending to their emotional needs.

The focus of hospice care is on palliation of the patient's pain and symptoms. These symptoms may be physical, emotional, or psychosocial in nature. Hospice care focuses on bringing comfort, self-respect, and peace to people in the final time of life. Patients' symptoms and pain are controlled, goals of care are discussed and emotional needs are supported. Hospice believes that the end of life is not a medical experience; it is a human experience that benefits from expert medical and holistic support that hospice offers.

Hospice care focuses on quality rather than length of life. It provides humane and compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible. Hospice care treats the person rather than the disease, working to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones. It's also family-centered it includes the patient and the family in making decisions.

Hospice care is used when you can no longer be helped by curative treatment, and you are expected to live about 6 months or less if the illness runs its usual course. Hospice gives you supportive or palliative care, which is treatment to help relieve disease-related symptoms, but not cure the disease. Its main purpose is to improve your quality of life.

Places where Hospice Care is Provided

Hospice care is generally, designed to be available 24 hours a day, 7 days a week. It can be given at the patient's home, a hospital, nursing home, or private hospice facility. The doctor, guidance counselor helps in deciding which program is best for the patient and the family. Hospice can be provided at:

1. Home Hospice Care

Most home health agencies and independently owned hospice programs, offer home hospice services. A nurse, doctor, and other professional staff monitor the home hospice program but the main caregiver is usually a family member or friend who is responsible for around-the-clock supervision of the patient. This person is with the patient most of the time and is trained by the nurse to provide much of the hands-on care.

Members of the hospice staff will visit regularly to check on the person, his/ her family, and caregivers to give needed guidance and services.

Care begins when a patient is admitted to the hospice program, which generally means that a hospice team member visits your home to learn about you and your needs. Return visits are scheduled so that the patient's needs are re-evaluated regularly. To provide further support on call nurse and counselors are available throughout the day.

2. Hospital Based Hospices

Hospitals that treat seriously ill patients often have a hospice program. This allows patients and their families easy access to support services and healthcare professionals. Some hospitals have a special hospice unit, while others use a hospice team of caregivers who visit patients with advanced disease on any nursing unit. In other hospitals, the staff on the patient's unit will act as the hospice team.

3. Long Term Care Facility Based Hospice

Many nursing homes and other long-term care facilities have small hospice units. They might have a specially trained nursing staff to care for hospice patients, or they might make arrangements with home health agencies or independent community-based hospices to provide care. This can be a good option for patients who want hospice care but don't have primary caregivers to take care of them at home.

Support Facilities Extended by Hospice Care

Various types of services are provided by the hospice care team, depending upon the need of the patient and the family. The following are the main services extended by the hospice care:

a) Pain and Symptom Control

The goal of pain and symptom control is to help patient to be comfortable while allowing staying in control and enjoying life. This means that discomfort, pain, and side effects are managed to make sure that the patient is free of pain and symptoms as much possible and alert enough to enjoy the people around you and make important decisions.

b) Home Care and Inpatient Care

Although hospice care can be provided at home, a patient may be admitted to a hospital, extended-care facility, or a hospice inpatient facility. The hospice can arrange for inpatient care and will stay involved in patient care and guiding the family through the process. The patient can go back to in-home care when he and his family are ready.

c) Family Conferences

Regularly scheduled family conferences, often led by the hospice nurse or social worker, keep family members informed about the condition of the patient and what

d) Bereavement Care

Bereavement is the time of mourning after a loss. The hospice care team works with surviving loved ones to help them through the grieving process. A trained volunteer or professional counselor provides support to survivors through visits, phone calls, and/or other contact, as well as through support groups. The hospice team can refer family members and care giving friends to other medical or professional care, if needed.

Exercise

- 1. As a care giver, why do you think hospice care is important for a patient? Write in 100 words highlighting the importance of hospice care offered to a patient.

Assessment

- 1. What is philosophy behind hospice?

- 2. Where can be hospice care provided?

- 3. How does hospice care help the patient and his family?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Differentiate between long term care facility and hospice.

- 2. Enlist and elaborate various types of services offered by hospice care.
- 3. Discuss the role of a hospice care for terminally ill patient.

Part B

Discussed in class the following:

- 1. What is hospice?
- 2. Services provided by the hospice care.
- 3. Discuss the types of hospice care extended to the patients and their family.

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Identify the facilities and services extended for Hospice care.		

UNIT – 2

RoLE oF PaTIEnT CaRE aSSISTanT

Learning Outcomes

Unit 2 RoLE of PaTIEnT CaRE aSSISTanT				
Location Classroom/ Hospital/ Clinic.	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Identify the role and functions of Patient Care Assistant.	Describe the essential duties and responsibilities of Patient Care Assistant.	Demonstrate the knowledge of maintaining patient safety.	Interactive Lecture: - Role and Function of Patient Care Assistant. Activity: - Volunteer at Primary Health Centre, Nursing Home and Community Health Centre.
	Prepare a Daily Care Plan of Patient.	Describe various activities of patient's daily care routine including bathing, feeding, excreta disposal, transfer of patients medication etc.	Prepare a daily care plan for patients.	Interactive Lecture: - Daily Care Plan of Patients. Activity: - Role play Provide different situations to the students and then tell them to Identify and apply the most suitable safety practice that should be followed in that given situation.
	Identify basic components required for Patient Comfort.	Describe basic components required for patients comfort.	Identify and list various elements that can help in providing comfort to patients.	Interactive Lecture: - Daily Care Plan of Patients. Activity: - Role Play Provide different situations to the students and then tell them to Identify and apply the most suitable safety practice that should be followed in that given situation.

Location	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Understand Patient's Safety.	Describe the various elements of patient's safety.	Identify patient's environment and its components.	Interactive Lecture: - Facility for Patients and Safety aspects in Hospital. Activity: - Visit to a Hospital to study the environment and safety of patients.
	Provide for the patient's daily care.	- Report any evident changes and appearance. - Provide care needed by the patient.	- Prepare patient checklist and compare with standard measurement. - Demonstrate care needed by the patient.	Interactive Lecture: - Care of Patients. Activity: - Preparation of check list for health parameters as per their understanding and tell them to compare with standard check list. - Discussion: Ethical practices in Hospitals.
	Identify the qualities of a good Patient Care Assistant.	Describe the good qualities of Patient Care Assistant.	- List the do's and don'ts in health care setup. - Demonstrate the knowledge of medical ethics.	
	Identify biomedical wastes and disposal procedure.	Describe the characteristics of various types of biomedical wastes.	- Demonstrate the knowledge of biomedical wastes. - Identify the color code for disposal of biomedical waste.	Interactive Lecture: - Biomedical Waste. Activity: - Visit to Hospital to study bio-medical waste management.

Session 1: Describe the Role of Patient Care Assistant

Relevant Knowledge

Patient Care Assistants (PCA) provides nursing and technical care to patients under the supervision of nurses in a hospital or nursing care facility. Patient Care Assistants might spend more time with patients than other healthcare providers in a hospital. PCAs must be empathetic and have good communication and nursing skills to care for patients in a hospital.

Essential Duties and Responsibilities

The Essential Duties of a PCa include the Following:

1. Assist professional healthcare staff with performing physical examinations and patient procedures, which may include measuring and recording vital signs and measurement of input and output.

- a) Patient data, such as vital signs and measurement of intake and output are taken and recorded according to the policy and procedure of the Hospital.
- b) Changes and abnormal findings in patient's data are communicated to the registered nurse and other members of the healthcare team in a timely manner.
- c) Patient is assisted with personal hygiene.
- d) Patient is given assistance with ADLs (Activities of Daily Living), exercise and ambulation as directed by therapists and other members of the healthcare team.
- e) Personal care and patient related services are provided in the patient's home as needed per guidelines set forth by the Home Health Agency.

2. Maintain Patient Safety

- a) Patient's environment including but not limited to the patient's room, exam room or treatment area is kept neat and clean.
- b) Meal preparation and light housekeeping duties may be necessary in the home setting to maintain a safe environment.
- c) Equipment maintenance and safety checks are completed according to policy and procedure.
- d) Incidents are reported promptly to appropriate parties using the Health System's quality reporting process.

3. Perform administrative Support Functions

- a) Medical record duties, including file maintenance and recordkeeping, are completed when necessary.

- b) Supply inventory and ordering are completed according to guidelines.
- c) Duties, including scheduling diagnostic procedures, meeting and greeting patients, or delivering specific supplies and pharmaceuticals are performed efficiently.

4. Maintain Necessary Skills and Competencies

- a) Competency in the use of new equipment (i.e., lifting and moving patients) is achieved and maintained.
- b) Strengths and opportunities for professional development are identified and goals for self-improvement are set and documented appropriately.
- c) Identified goals for professional development are met through a variety of educational fora.
- d) The education and development of others is fostered by sharing information learned through individual professional development.
- e) A positive environment conducive to professional development of coworkers is demonstrated on an ongoing basis, including but not limited to teaching, orienting, role modeling and team participation.
- f) Annual mandatory training activities and regulatory in-service hours requirements are completed within established time frames.

Organizational Duties

1. Communicates appropriately using good interpersonal skills

- a) Positive and professional manner is projected through verbal and non-verbal communication.
- b) Information for patients and staff is delivered in a manner that is supportive, timely and understandable.
- c) Interpersonal conflicts are resolved using appropriate methods and organizational resources, including but not limited to Employee Relations Services and Faculty Employee Assistance Program.
- d) Diverse perspectives are acknowledged; language and behaviours are modeled that build inclusiveness in the work environment.
- e) Ideas and suggestions are clearly communicated.
- f) Clarification of communication is requested when appropriate.

2. Serves, manages and supports internal and external customers

- a) Privacy is maintained at all times for patient and employee information.
- b) Actions are initiated to meet or exceed customer/co-workers expectations in

delivering service by implementing the “I Make the Difference” philosophy (ownership begins with me; greet customers by making eye contact and smiling; provide positive, professional and prompt responses, e.g., helping visitors find their way; close every interaction with “Is there anything else I can do for you?”).

- c) Appropriate resources throughout the organization are used consistently to meet customer needs.
- d) Relationships with staff in other work areas are fostered to meet internal and external customer needs.
- e) Positive working relationships with peers, management and customers are maintained at all times.
- f) Organizational mission and values of respect, integrity, stewardship and excellence are evident in behaviour.

3. Participates in performance improvement activities

- a) Participation in performance improvement activities and initiatives is on-going.
- b) Initiative is demonstrated to proactively diagnose and resolve problems.
- c) Change is met with positive and supportive behaviour.

4. Participates as a team member and is accountable for own work responsibilities

- a) Time off is scheduled to avoid disrupting workflow.
- b) Help is offered to others to solve problems and complete tasks to facilitate communication and positive team dynamics.
- c) Productive work habits are consistently displayed.
- d) Accountability for actions and decisions is demonstrated in daily work.
- e) Feedback is solicited and accepted in a positive manner.
- f) Constructive input is offered to support the work unit.

Exercise

1. Prepare a presentation on the role and functions of Patient Care Assistant/ General Duty Assistant in a Hospital.

Assessment

I. Short Answer Questions

What are the role and functions of a Patient Care Assistant?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Describe the role of Patient Care Assistant.

Part B

Discussed in class the following:

- 1. What are the roles and responsibilities of Patient Care Assistant?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate the knowledge of the role and responsibilities of a Patient Care Assistant in activities related to patient care, dealing with clients and their relatives, managing resources, resolving conflicts and communicating effectively.		
Relate the abilities and strengths of self with the job role of Patient Care Assistant.		

Session 2 : Identify Various Activities of Patient’s Daily Care

Relevant Knowledge

Activities of Daily Living (ADLs) is a term used in healthcare to refer to daily self-care activities within an individual’s place of residence, in outdoor environments, or both. Health professionals routinely refer to the ability or inability to perform ADLs as a measurement of the functional status of a person, particularly in regards to people with disabilities and the elderly. Younger children often require help from adults to perform ADLs, as they have not yet developed the skills necessary to perform them independently.

ADLs are defined as “the things we normally do such as feeding ourselves, bathing, dressing, grooming, work, homemaking, and leisure”. While basic categories of ADLs have been suggested, what specifically constitutes a particular ADL in a particular environment for a particular person may vary.

Patient Care Assistance in the Hospital

Patients need help with various activities because they may not remember or they may not be in that position to do them, they may have movement disorders and poor coordination and they may have lost interest in doing things, or may not understand why something needs to be done. They may not be able to understand instructions when someone tries to help them.

- Bathing and showering (washing the body).
- Bowel and bladder management (recognizing the need to relieve oneself).
- Dressing.
- Eating (including chewing and swallowing).
- Feeding (setting up food and bringing it to the mouth).
- Functional mobility (moving from one place to another while performing activities).
- Personal device care.
- Personal hygiene and grooming (including washing hair).
- Toilet hygiene (completing the act of relieving oneself).

Daily Care Plan of Patients

To a patient, every task could be a source of stress if it seems beyond their ability. On an average day, therefore, is a series of stressful tasks, and it is no wonder they get frustrated and tired.

One very helpful way of reducing their stress is establishing a regular routine for the day doing the same things at the same time every day. This routine can be fine-tuned to ensure that the patient seems comfortable with it. Necessary tasks are all fitted into this routine so that the patient's day is regular and predictable, and the patient can get used to it.

They need less effort to get through the day as they sort of know what to expect. They get a greater sense of comfort, and also feel more in control of their lives. The daily routine should only be disrupted if it is very necessary.

In addition to a daily routine, the environment around the patient needs to be relaxed and friendly. Also, the patient should have access to whatever is needed to perform activities easily. There should be enough things to keep the patient oriented about where he/ she is, and what the time is. Also, depending on the patient's likes and dislikes, various other means of keeping the patient comfortable and relaxed should be adopted. This could include pictures of happy days, or incense, or music, if these are helpful to the patient.

Often, caregivers do not spend enough time making the environment comfortable because they are already having enough work and problems handling care. But even a few appropriate adjustments to the home can drastically improve the patient's emotional state, and consequently, the patient's ability to understand and do things. All of us work better when we are relaxed and happy and surrounded by things we like. So do the patients.

When thinking of how to do something, we shouldn't think only of how to get the task accomplished, but also whether we can make it more pleasant for ourselves and the patient. That will change the activity from a chore to something we may enjoy.

Helping Tips

These are some of the tips that you can use for specific activities in healthcare:

Bathing

- Patients often misjudge the temperature of the water, and may end up bathing with very hot or very cold water if not helped.
- A bathroom can be very unsafe for a patient if left alone, so stay with the patient. Patients may feel embarrassed or angry at the presence of a caregiver. Handing them the soap and then turning the face away may give them back their sense of privacy.
- A bath stool may be needed so that the patient sits down comfortably for the bath. Grab rails near the bath stool may also be needed.
- Be careful to dry folds in the body. Also dry areas like between the toes.
- If bathing is tiring and difficult, reduce frequency to what is indicated by the weather and the needs of personal hygiene. Or give partial baths. A daily full bath may not be needed.
- Use the bath time to check the patient for injuries and sores.

Dental Care

- You may need to help the patient brush properly.
- Denture cleaning will probably have to be done by the caregiver.
- You may also, in later stages, have to assist the patient put in and remove the dentures; dentures should fit well, or the patient will get sores in the mouth.

Grooming

- Patients may cut themselves while shaving with an ordinary razor, and therefore switch to twin blade or electric razors. Caregivers may need to take this activity after sometime.
- Combing hair is another activity the caregiver may need to take over.
- Nail cutting and filing require fine coordination, and will need to be taken over.
- Even if the patients are unable to use face creams and groom themselves, they like to look neat and presentable, and the caregiver needs to take over these tasks as the patient's inability makes them too difficult to be done independently.

Dressing

- Too many clothes in the wardrobe may be confusing for the patient. Reduce

the choices by removing extra clothes. Retain only a few comfortable, loose clothes.

- Clothing may need to be simplified as coordination reduces.
- When laying out the clothes for the patient to wear, lay them out in the sequence in which they have to be worn.
- Make sure clothes are not too long, so that patients do not trip.
- Switch to clothes without zippers or elaborate buttoning.
- Instead of pajamas/ salwars with strings, use them with elastic or nightgown so that they can be just pulled on or taken off.
- Use shoes with velcro straps instead of shoes with laces.

Toileting

- Incontinence occurs for many reasons, some of which are that the patient is not able to reach the bathroom in time, or forgets where the bathroom is. Use signage to point the way, have nightlights, have grab rails that the patient can use while reaching the bathroom, and have clothing that can be taken off easily.
- Timed visits to the bathroom often reduce accidents.
- Watch out for signs of constipation and dehydration (note colour of urine) and change diet and water intake accordingly.
- If the patient shows signs of pain while urine passing urine or during bowel movements, consult with the doctor.
- Be ready for accidents, and set up the house for quick cleaning after such accidents.
- Persons who have been used to different styles of toilets in their childhood may forget what a commode is for, and may need to be reminded.
- Grab rails or toilet seats with rails may make the experience of sitting on the toilet seat less frightening for the patient.
- Watch the patient to ensure proper wiping, and proper washing of hands.
- For visits outside, diapers may be a good option. Even patients, who could be tense about finding a suitable bathroom outside, may easily agree to using diapers for outside visits (such as to the doctor). Patients will need assistance in wearing and removing diapers.

Eating

- Patients may forget to eat if family members have gone out and left the food on the table for them. Someone may need to ensure that the patients eat.
- Eating becomes messier over time, and patients who used to use a spoon may switch to eating with hand. They may have problems handling larger pieces, and food may need to be cut down in smaller sizes they can handle.

- Patients may not mix food while eating. They may eat all the daal/ sambar first, and the curds, and then try to eat the rice without anything mixed. They may finish off the vegetable or curry, and then be left with the roti and nothing to eat with it. They may even eat the pickles separately. This is because they find it a problem to handle multiple items.
- Caregivers may need to mix food and give it to them, or to make combined dishes like pulao, khichdi, bisi bele bath, and curd rice.
- Denture fitment becomes bad. The patient may lose more teeth, but not be mobile or alert enough to get a new denture.
- Chewing becomes a problem over time, and food may need to be made softer, and finally, liquidized in a Mixer.
- Consult doctors about diet supplements like calcium and vitamins, and also find out whether the patient needs to take a serving of balanced diet.

Drinking Water

- Sometimes, patients, in order to avoid repeated trips to the bathroom, reduce their water intake.
- They may also forget to drink water.
- Caregivers need to make sure that patients are drinking enough water.
- Doctors may also ask patients to include electrolyte drinks in the daily routine, if the patient is showing an electrolyte imbalance.

Taking Medication

In the beginning, patients may find it problematic to keep track of their medicines. Using small labeled boxes for the medicines can help.

Soon, however, more care needs to be taken to ensure that patients continue taking their medicines as prescribed. Forgetting to take medication is a common problem. Patients cannot be depended on to take their medication as required. They may forget to do so. Even if reminded, they may not believe they need to take the medication (they may say things like, but I don't have high blood pressure). If caregivers insist, patients sometimes hide the medicine away under the mattress or pretend to swallow it and then spit it out. It is good to be alert on this, and if necessary, supervise the patient to ensure that the medicines are taken as prescribed. In later stages, as swallowing becomes difficult, doctors should be asked to switch prescriptions to medicines that can be crushed and given or can be substituted by syrups.

Physical Exercise

1. Some amount of daily physical exercise is desirable. Walking is a good exercise. Over time, patients become unsteady, and grab rails may need to be installed at strategic places.
2. Range of motion exercises will keep the patient flexible and mobile longer.

Exercise

- 1 Prepare a daily care plan for patients.

Short Answer Questions:

1. List any five daily activities of a patient.

2. List any two exercises that a diabetic patient can be asked to do.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between the various activities performed by the patients.
2. Differentiate between the various needs of patient.

Part B

Discussed in class the following:

1. What are the daily activities of a Patient Care Assistant?
2. What are the daily needs of a patient?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
List the daily activities of patients.		
Demonstrate the knowledge of the role of Patient Care Assistant in assisting patients in activities of daily living.		

Session 3: Describe Basic Requirements for Patient Comfort

Relevant Knowledge

Besides being aesthetically pleasing, the human environment must provide light, air, and thermal comfort. In addition, proper acoustics and hygiene are important. Comfort is best defined as the absence of discomfort. People feel uncomfortable when they are too hot or too cold, or when the air is odorous and stale. Positive comfort conditions are those that do not distract by causing unpleasant sensations of temperature, drafts, humidity, or other aspects of the environment. Ideally, in a properly conditioned space, people should not be aware of equipment noise, heat, or air motion. The feeling of comfort or discomfort is based on a network of sense organs: the eyes, ears, nose, tactile sensors, heat sensors, and brain. Thermal comfort is that state of mind that is satisfied with the thermal environment; it is thus the condition of minimal stimulation of the skin's heat sensors and of the heat-sensing portion of the brain.

The environmental conditions conducive to thermal comfort are not absolute, but rather vary with the individual's metabolism, the nature of the activity engaged in, and the body's ability to adjust to a wider or narrower range of ambient. For comfort and efficiency, the human body requires a fairly narrow range of environmental conditions compared with the full scope of those found in nature. The factors that affect humans pleasantly or adversely include:

1. Temperature of the surrounding air
2. Radiant temperatures of the surrounding surfaces
3. Humidity of the air
4. Air motion
5. Odours
6. Dust
7. Aesthetics
8. Acoustics
9. Lighting
10. Room hygiene
11. Sound
12. Bed comfort

13. Patient's hygiene

Exercise

1. List various elements that can help in providing comfort to patients.
2. Prepare patient check list and compare with standard measurements.
3. Demonstrate care needed by the patient.

Assessment

I Short Answer Questions:

Write a short note on the requirements of a patient with respect to the following:

1. Temperature

2. Aesthetics

3. Bed comfort

4. Diet

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between the various comfort requirements of a patient.

Part B

Discussed in class the following:

1. What are the various elements that need to be considered for providing comfort to the patient?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
List various factors that affect patient’s comfort and daily requirements.		

Session 4: Describe Various Aspects of Patient’s Safety

Relevant Knowledge

The environment of a patient is vital to assist in the recovery process. As such, the environment must be maintained so that it contributes to and not be a detriment to healing. The patient’s environment consists of the setting around him, equipment, furniture, as well as people. The patient’s environment should have the following characteristics:

- 1. The environment should be conducive to rest.
- 2. The environment should be well lighted to ensure safety.
- 3. The environment should be free from noise and extraneous activity.
- 4. The environment should be well ventilated.
- 5. The environment should be predictable.

Environment Conducive to Taking Proper Rest

When a person is sick, he/she requires plenty of rest among other things as part of his/her therapy. It should allow the patient to regain his/her resources so that he restores his/her health. Many factors should be considered to make this possible, such as scheduling procedures promptly. In addition, assisting the patient in their activities of daily living should be as close to the personal routines the patient has at home. For example, some patients prefer to have their baths in the morning, while others prefer them in the evening. Schedule for visitors should be adhered to so that the patient can focus on physical rest.

Well-lighted Rooms

Since many elderly individuals are usually hospitalized, their needs must be kept in mind. Accidents may be prevented when corridors and rooms have good lighting. Good lighting includes the avoidance of glares which can distract the patient’s vision.

Free from noise and Extraneous activity

Noise pollutes. If a hospital environment is noisy, it detracts from the healing that rest provides. Personnel should control their voices when talking and avoid the use of telephones and other personal electronic equipment in patient care areas. Trolleys, carts, stretchers, and wheelchairs should not be noisy so as to distract the patient.

Well Ventilated Rooms

Maintaining good ventilation can be achieved in air-conditioned as well as non-air-conditioned rooms. The Patient care Assistant should ensure that good ventilation is achieved by not allowing crowds of people to visit at the same time, as well as to maintain a good air circulation by opening or closing windows or doors as needed.

Making Environment Familiar

As part of the admission procedure, patients and their families are oriented to the room. Since patients are in unfamiliar surroundings, consistency in the placement of personal effects, equipment and furniture should be maintained. They should know where the urinal or bedpan is or where they can obtain water and their personal effects. The patient care assistant should always return these equipment or furniture to their original placements so as not to confuse the patient. In addition, routines should be followed closely as much as possible, such as the schedule for meals, as well as visitation.

Patient Environment and Its Components

1. Typical Equipment / Accessories in the Patient's Room include the following:

- Bedside table
- Overhead table
- Sink
- Bed
- Mattress
- Intravenous (IV) pole
- Soap dispenser
- Glove container
- Sharps and needle trash
- Bin for different biomedical waste

2. Supplies in the Patient's room include the following:

- Bed sheets
- Soap
- Towels

Nursery Unit / Ward

A nursery unit / ward typically comprise the following:

- Nursing station
- Medication room
- Examining room
- Treatment room
- Procedure room
- Clean utility room
- Dirty utility room
- Kitchen

Traffic Patterns in Patient Rooms and Hallways

Another aspect of creating a safe environment in the hospital is adhering to traffic patterns. It includes the following:

1. Elevators used for transporting carts, drugs and equipment should not be accessible to non-hospital personnel;
2. Delivery carts should never be left unattended in hallways. They should always be parked away from access pathways, as well as away from patient rooms;
3. Walk following the rules of street traffic. Keep left;
4. Use the stairways instead of the elevator when going up one floor or when going down two floors.
5. Ensure that hallway hazards, such as a wet floor, are marked with appropriate warning signs or notices.

Proper Functioning of Equipment and Patient Room accessories

Equipment and accessories in patient rooms are designed to either contribute to the therapeutic regimen of a patient or to assist the patient in maintaining activities of daily living. As such, equipment and accessories should be functional at all times. It should be part of the ward activity for personnel to check these at regular intervals as part of a preventive maintenance program. Rooms should be checked before a patient is admitted to the make sure that equipment are in working order. Defective equipment should be tagged and sent to the appropriate department for repair. In addition, all equipment should have a regular schedule of being calibrated, tested, and updated as recommended by the manufacturer. Remember that prevention is better than repair. Do not wait for an equipment to fail while it is used on a patient.

Exercise



1. Visit a private and a government - run hospital and observe their set-up of patient rooms. What are the similarities / differences?
2. Debate: Visitors should be allowed to visit patient anytime.
3. Make a list of what you would like to have in your room if you were sick and compare them to those that you observed in a patient's room during your hospital visit. Discuss why hospitals should include the item in your wish-list?

Assessment

I. Short Answer Questions

1. List five characteristics of a safe patient environment.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
2. List two measures to make the patient environment predictable.
 - a. _____
 - b. _____
3. List five lines rules to ensure patient safety related to traffic patterns and flow.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

II. Fill in the Blanks

1. The patient's environment consists of _____,
furniture, as well as_____.

2. Since patients are in unfamiliar surroundings,_____in the placement of personal effects, equipment and furniture should be maintained.
3. If a hospital environment is_____it detracts from the healing that rest provides.
4. _____ is better than repair.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between the various components of patient's environment.

Part B

Discussed in class the following:

1. Why is it important to provide a well lighted environment in the patient's room?
2. Why entry of visitor's should be controlled?
3. Why patient's room should be well-ventilated?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Identify and enlist the traffic patterns in hallways.		
List the equipment and accessories of patient room.		
Explain the role and proper functioning of equipment and patient room accessories.		

Session 5 : Describe Qualities of a Good Patient Care Assistant

Relevant Knowledge

Patient Care Assistant (PCA) or General Duty Assistant (GDA) works in a range of healthcare settings and makes a valuable contribution in all areas of healthcare. They work under the supervision of nurse in the hospital. As per to the institutional guideline, the PCA has to have a good code of ethical conduct.

Medical Ethics

Some of the important medical ethics they should follow which are listed below as per Indian Medical standards:

1. **Informed Consent:** Tell the truth and make sure that the patient understands it properly when they are obtaining the patient's consent to a procedure or treatment.
2. **Confidentiality:** The PCA should consider the details about his patients as purely personal between him and the patient. Except for professional reasons the details should not be discussed with others or in public.
3. **Communication:** Clear communication between the PCA and the patient is very important for successful treatment. Any doubt that the patient has should be dealt with care and cleared at once in simple language which he/she understands.
4. **Control:** It is the ability to purposefully direct or change.
5. **Cultural Concerns:** To be sensitive to the cultural practices of the patient/client in any given circumstance.
6. **Communication with Family Members of the Patient:** The PCA should understand the anxiety of the relatives of the patients and make them aware of the medical condition of the patient.
7. **Business Related Issues:** Healthcare providers should not entertain unethical practices in the hospital.
8. **Telling the Truth about Illness, about Medication, and Side Effects of Medicines:** Telling the truth implies respect for autonomy - if a patient is lied to, they cannot make a reasoned and informed choice, because they do not have the information they need to do so.
9. **Follow the Guidelines of the Hospital:** The PCA should strictly follow the guidelines for hygiene, patient care, etc. This helps prevent hospital induced infections.
10. **Accountability:** As a professional, the PCA is personally accountable for actions and omissions in his/her practice and must always be able to justify his/her decisions. He/she must always act lawfully, whether those laws relate to the professional practice or personal actions.

Qualities of a Patient Care Assistant

1. Empathy

- To be able to identify with and understand another person's feelings, situation and motives;
- Must have a sincere interest in working with people;
- Must care about others and be able to communicate and work with them;
- Understand needs and learn effective communications is one way to develop empathy.

2. Honesty

- Truthfulness and integrity;
- Others must be able to trust at all times;
- Must be willing to admit mistakes so that they can be corrected.

3. Dependability

- Must accept the responsibility that your position requires;
- Must be prompt in reporting to work and maintain good attendance record;
- Must perform assigned tasks accurately and on time.

4. Willingness to Learn

- Must be willing to learn and adapt to changes;
- Changes occur because of research, new inventions and many other factors;
- Changes can mean learning new techniques or procedures;
- At times, additional education may be required to remain competent.

5. Patience

- Must be tolerant and understanding;
- Must learn to control your temper and “count to ten”;
- Learn to deal with frustration and overcome obstacles.

6. Acceptance of Criticism

- Must be willing to accept criticism and learn from it;
- Patients, employers, co-workers and others may criticize you;
- Some criticism will be constructive and allow you to improve your work.

7. Enthusiasm

- Must enjoy work and display a positive attitude;
- Enthusiasm is contagious;
 - Helps you do your best;
 - Encourages others to do the same;
 - Concentrate on positive points and negative points will not seem to be quite so important.

8. Self-Motivation

- Ability to begin or to follow through with a task;
- Should be able to determine things that need to be done and do them without constant direction.

9. Tact

- Ability to say or do the kindest or most fitting thing in a difficult situation;

- All individuals have a right to their own feelings and these feelings should not be judged as right or wrong;
- Shows consideration of the feelings of others;
- Requires constant practice.

10. Competence

- Qualified and capable of performing a task;
- Follow instructions;
- Use approved procedures;
- Strive for accuracy in all you do;
- Know your limits and ask for help or guidance if necessary.

11. Responsibility

- Being willing to be held accountable for your actions;
- Others can rely on you and know, you will meet your obligations.

12. Discretion

- In any health care career you have access to confidential information;
- Information should not be told to anyone without proper authorization;
- Patient is entitled to confidential care;
- Be discrete and make sure patient's rights are not violated.

13. Team Player

- Learn to work well with others;
- Each member of a health care team will have different responsibilities, but each member must do his or her part to provide the patient with quality care;
- By working together, a team can accomplish goals much faster than an individual.

14. Personal Appearance

- Important to present a healthy appearance and a health hygiene that inspires confidence and a positive self-image;
- Should wear uniform as per to the place of employment;
- Wear the name badge with a photo identification as per to the norms of place of employment.

List of Do's and Don'ts for a Patient Care Assistant

DO's

- **DO** answer directly to the preceptor and instructor with regards to all facets of the rotation.
- **DO** communicate to the best of your ability with the patient.

- **DO** follow laws and regulations that govern Health Information Patient Privacy Act (HIPPA) in the appropriate manner and seek clarification, when needed, from the preceptor regarding any professional, legal, or ethical issues.
- **DO** master the routine and site-specific procedures of each rotation quickly so you can focus on competencies and skills specific to the rotation.
- **DO** complete the various tasks assigned by the preceptor during each rotation (i.e., outline by the instructor).
- **DO** complete every assignment given to ensure you pass the program successfully and receive a passing grade.
- **DO** request to be placed somewhere new, not in a facility where you have already worked.
- **DO** report to the assigned externship / internship site ON TIME!
- **DO** make up hours in case of illness and emergency at the site originally assigned.
- **DO** follow facility protocol and procedures to make up any missed hours.

DON'T'S

- **DON'T** act without the authority of the preceptor, in regards to advising patients, health professionals or other professional activities.
- **DON'T** accept or receive pay, either directly or indirectly, from the patient.
- **DON'T** request to be placed with someone you are related to.
- **DON'T** request changes to your externship once rotation assignments are made.
- **DON'T** "withdraw" from your rotation after the rotation has started.

Exercise

1. Visit a Hospital and observe the services provided by the Patient Care Assistant. Prepare a report of your observations and submit to the teacher.
2. Present checklist of good quality of a Patient Care Assistant.

Assessment

I. Short Answer Questions

1. What are the three qualities that Patient Care Assistant should possess?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between the DO'S and DON'TS of a Patient Care Assistant.

Part B

Discussed in class the following:

1. What are the good qualities of Patient Care Assistant?
2. What are the DO'S and DON'TS of a Patient Care Assistant in healthcare setup?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate good personal grooming.		
Demonstrate responsible behaviour.		
Demonstrate the willingness to learn.		
Demonstrate the ability to communicate clearly.		

Session 6: Biomedical Waste and its Management

Relevant Knowledge

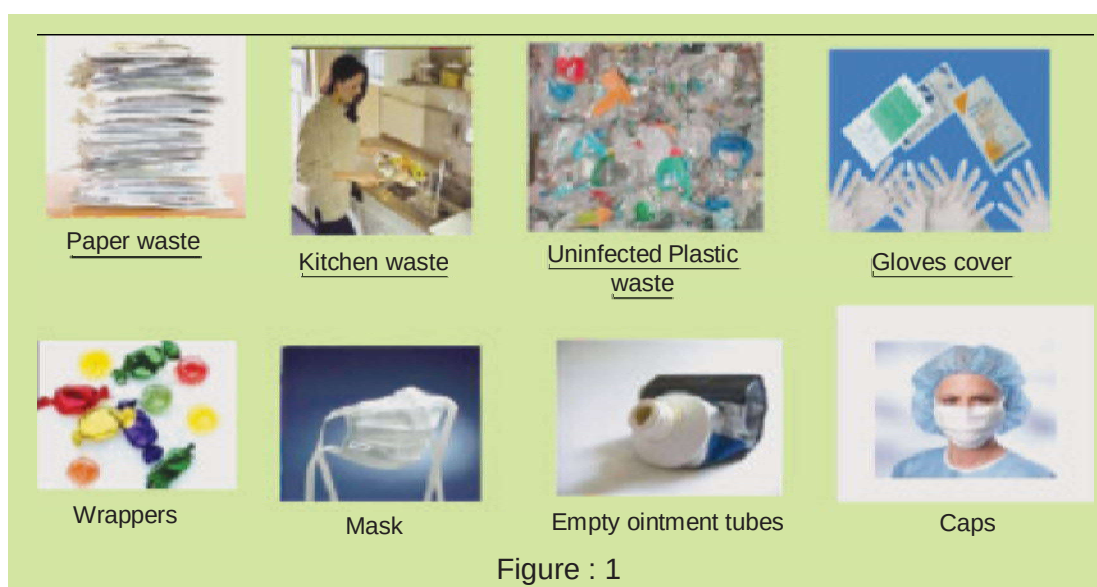
Hospitals, clinics, and medical teaching facilities dispose off waste products that have a potential risk to people, animals, and the environment. "Any waste which is generated during the diagnosis, treatment, or immunization of human beings or animals or in research activities pertaining thereto or in the production or testing of biological" are considered biomedical waste according to the Biomedical Waste Management and Handling Rules 1998 of India. When these waste products are not disposed of properly, it may result in transmission of diseases to humans. Patient Care Assistants, like other Health Care Workers must know what biomedical waste is and how to dispose them off in the appropriate containers. By having waste classified, it becomes easier to process the waste so that it is decontaminated following existing guidelines. In addition, proper classification and disposal of biological waste protects healthcare workers and others in the community from accidental exposure to infectious or hazardous materials.

Segregation of Biomedical Waste at Source

As soon as a waste product is identified, it must be disposed of properly according to the classification of that waste. For example, if you used a glove contaminated with a body fluid, such as blood, it must be disposed in the right container immediately. By disposing and segregating the waste at its source, it will limit the potential exposure to individuals involved in waste management.

Colour Coding and Type of Containers for Disposal of Bio-Medical Waste

BLACK BAG: Black bags are used for disposing off paper waste, uninfected plastic waste, gloves, wrappers, masks, empty ointment tubes and caps.



yELLOW BAGS: yellow bags are used for disposing off the following items:

- Items contaminated with blood.
- Cotton containing body fluids.
- Blood stained tissues.
- Dressings, soiled plaster cast.
- Discarded medicines.
- Cytotoxic drugs.
- Electrocardiogram (ECG) electrodes.



BLUE BAGS: Blue bags are used for Disposing off the following items:

- All unbroken glasses and vials.
- Empty uninfected bottles (Betadine, Micro-shield bottles).

RED BAGS: Red bags are used for collecting and disposing the following:

- Infected plastic waste
- Catheters
- Gloves
- Syringes, IV sets
- Blood bags
- Uro bags
- NG tube
- Vacutainers
- ET tubes
- Ventilator
- Circuits
- Oxygen mask
- Three-way extension tubes
- Blood glucose strips

Label for Transport of Bio-Medical Waste Containers / Bags

After segregation of biomedical waste, they will need to be transported according to established rules to the appropriate disposal facility. Some of these wastes will be burned (incinerated), microwaved, autoclaved, buried, or as specified by policy or legislation. These policies will also specify the method in which the waste will be transported. Manual handling of the biomedical waste is minimized by the use of available technology. Safeguards are also in place to minimize scavengers from accessing the biomedical waste. For transport of the waste, rules specify that the label contain the biomedical waste, a signature from the doctor or nurse, and the destination of the waste. The following illustrations indicate the universal symbol for biohazardous wastes.

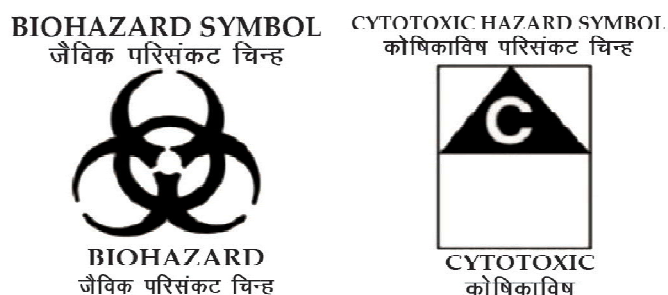


Figure: 3

Exercise



- 1. Request a copy of policies and protocols for biomedical waste management from the healthcare providers. Identify the areas of difference.

Assessment

1. Define the following:

- a) Biomedical waste
- _____
- _____

2. Give five examples of waste products to be disposed in a Red Colour bags.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

3. Give five examples of waste products to be disposed in a Yellow Colour bags.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

4. Fill in the blanks

- 1. Infected plastic waste, catheters, gloves and syringes must be disposed in _____ bucket.
- 2. Paper waste and kitchen waste must be disposed in _____ bucket.
- 3. Unbroken glasses and vials should be disposed in _____ bucket.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Define biomedical waste management.

2. Discuss the various colour code of disposing waste.

Part B

Discussed in class the following:

- 1. Why biomedical waste should be segregated and disposed off in bags with different colours?
- 2. What precautions are to be followed while segregating and disposing off the biomedical waste?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Identify and enlist the colours and labels for classification of biomedical waste.		

UNIT – 3

PERSONAL HyGIENE AND HyGIENE STANDARDS

Learning Outcomes

Unit 3 PERSONAL HyGIENE AND HyGIENE STANDARDS				
Location Classroom/ and organi- zation.	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Demonstrate good hygiene practice.	- Describe grooming routines to be followed for personal hygiene. - Describe the importance of personal hygiene.	- Practice good personal health and hygiene. - Enlist the hygiene routine to be followed to ensure good health. - Demonstrate hand washing. - Demonstrate trimming of nails.	Interactive Lecture: - Personal Hygiene. Activity: - Demonstrate hand washing - Demonstrate trimming of nails.
	Identify factors affecting good health.	Describe the factors that affect health and prevent disease.	- Demonstrate the knowledge of maintaining routine exercise and good health. - Prepare a plan for maintaining good physical health.	Interactive Lecture: - Good physical health and physical exercises. Activity: - Preparation of checklist of health parameters. Perform various physical activities and explain their advantages and limitations.
	Perform hand washing.	- Describe the method of hand washing. - Describe the importance of practicing good hand hygiene.	Demonstrate hand washing and hygiene practices.	Interactive Lecture: - Hand washing and hygiene. Activity: - Demonstration of hand washing procedure. Discussion on hygiene practices followed at the Hospital.
	Demonstrate personal grooming.	Describe the importance of good appearance grooming in life and work place.	Demonstrate good grooming habits as per norms of healthcare industry.	Interactive Lecture: - How to prepare and follow daily personal grooming plan? Activity: - Hand-on practice & session on grooming and other practices related to personal care and hygiene.

Session 1: Demonstrate Good Hygiene Practice

Relevant Knowledge

Hygiene is a set of practices performed for the preservation of health. While in modern medical sciences there is a set of standards of hygiene recommended for different situations. What is considered hygienic or not may vary between different cultures and gender groups. Some regular hygienic practices may be considered as good habits by a society, while the neglect of hygiene can be considered disgusting, disrespectful or even threatening.

Sanitation involves the hygienic disposal and treatment by the civic authority of potentially unhealthy human waste, such as sewerage and drainage.

Personal Hygiene

Personal hygiene is the first step to good grooming and good health. Elementary cleanliness is common knowledge. Neglect causes problems that you may not even be aware of. Many people with bad breath are blissfully unaware of it. Some problems may not be your fault at all, but improving standards of hygiene will control these conditions. Dandruff is a case in point. More often than you know, good looks are the result of careful and continuous grooming.

Grooming Routines

Every external part of the body demands a basic amount of attention on a regular basis. Here are some grooming routines and some complaints associated with neglect.

- Hair
- Skin
- Teeth
- Hands
- Nails
- Feet
- Menstrual Hygiene
- Dressing and Undressing
- Bathing
- Shaving

Hair

Hair is your crowning glory. If you are blessed with hair, it is easy enough to maintain it. Keep it at a length and style at which you can maintain it.

Wash your hair at least once a week using soap or mild shampoo. Avoid shampoos

with borax or alkalis. Rinse well. This is more important than working up a head load of lather.

Dry your hair after a wash. Brush your hair three to four times a day with a soft bristled brush or a wide toothed comb. Wash your brush and comb every time you wash your hair.

Oil the scalp, once a week, preferably an hour before hair wash. There are no completely safe or permanent hair dyes as of now. Apart from causing scalp allergies, dyes can also cause allergic colds and throat conditions. Perform a sensitivity test every time you use hair colour.

Skin

Baths were apart from daily ablutions, mandatory as part of observing pollution for various reasons and occasions. But ritual bathing, or a dip, is quite different from the daily bath personal hygiene demands.

Soap and water are essential for keeping the skin clean. A good bath once or twice a day is recommended, especially in tropical countries like India. Those who are involved in active sports or workout to a sweat would do well to take a bath after the activity.

A mild soap will do the job adequately. Germicidal or antiseptic soaps are not essential for the daily bath. You can use a bath sponge for scrubbing. Back brushes and heel scrubbers are available. But do not use abrasive material. Wash off well after soaping. Drying with a clean towel is important. Avoid sharing soaps and towels.

Around middle age, the skin tends to go dry a bit. A moisturising oil or cream can be used. It is better to use this at night, because if you go out in the sun or commute on dusty roads when the skin is wet, dust sticks to it and oils may also give you a tan.

Teeth

Have you heard of the sixty-second battery operated wonder brush? It has been analysed that it takes only that long to give your teeth a good brush. You have to hold the brush to your teeth and say cheese (and then perhaps S-A-U-C-E for the brush to get a good scrub inside!). Well, whether it is a neem twig or battery brush, you cannot give brushing a miss. Brush teeth twice a day and rinse well after every meal. Brushing before going to bed is important (especially recommended for people with a sweet tooth). For normal teeth this is adequate.

While brushing, pay attention to the fact that you are getting rid of the food particles stuck in between the teeth and in the crevices of the flatter teeth at the back, the molars and premolars. Brush down on the upper teeth and brush up on the lower teeth. Use a circular motion. Pay attention to the tongue and the inner surface of teeth as well. The brush should have resilient bristles. It should be rinsed well and left to dry after use. There are no perfect toothpastes or powders. Use one without harsh abrasives or strong antiseptics.

Hands

The world around us swarms with micro-organisms. Some bacteria are found on our bodies. In countries where food is eaten and prepared with bare hands extra attention has to be paid to the cleanliness of hands. Besides, a permanent layer of dust or grime reduces the sensitivity of the hands. Wash hands thoroughly with soap and water before and after every meal and after visiting the toilet. Soaping and rinsing should cover the areas between fingers, nails and back of the hand. Hands should be dried with a clean towel after wash. The towel at the wash stand has to be washed and changed everyday.

While cooking, especially when packing lunches, you can prevent food from spoilage and minimise contamination by keeping your hands clean. While handling food avoid scratching, or touching the ears, nose, mouth or other body orifices. If you need to use a handkerchief or tissue, wash your hands after that. Keep your nails short. Nail Polish users should see that it does not chip off into the food.

Nails

For horny, largely vestigial growths at the tips of your fingers, they are pretty important, especially for reasons of hygiene and for cosmetic industry. It takes five months for nails to replace themselves. Grow nails only if you can keep them clean. Short nails make less trouble. Clip nails short, along their shape. Don't cut them so close that it pinches the skin. A healthy body ensures healthy nails. Brittle or discoloured nails show up deficiencies or disease conditions.

Do not keep your nails painted continuously. It causes the keratin, of which nails are made, to split. Pamper your hands and nails once every three weeks with a manicure. This requires soaking your hands in warm water for ten minutes, massaging of hands, thorough cleaning and shaping of nails. Choose your manicure kit with care. In some kits, the instruments are crudely made and they will do more harm than good.

Feet

Give your feet a good scrub with a sponge, pumice stone or foot scrubber that is not made of very abrasive material when having a bath. Dry after bath between toes. Keep toenails clipped.

In many Indian households it is mandatory to wash feet as you enter the house. This is fine, but make sure that your skin does not become dry due to washing too often. Those who use shoes constantly need to slip them off now and then. This airs the socks a bit and makes them less smelly. Wear cotton socks. Wear a clean pair every day. Powder your feet before wearing socks. It will help in keeping away sweat and fungal infection. Many people have sweaty feet, and socks and shoes can get quite smelly. If possible do not wear the same pair of shoes every day. Keep at least one more pair and use it alternatively. Go for a pedicure once in three weeks. Give importance to wearing comfort in the choice of footwear. For those who go barefoot indoors, door mats must be cleaned or changed frequently. Extra foot care is required for diabetics.

Menstrual Hygiene

No woman feels completely comfortable when she has her menstrual period. If it is not pre menstrual tension or stomach cramps it is the problem of dealing with the menstrual flow. Technology offers sanitary pads, tampons or menstrual cups or caps to deal with the flow. The user has to decide what suits her best. Absorbent pads may be noticeable in form fitting clothes. They cause some soreness on the inner thighs.

Some women prefer tampon to external pads. A plug of absorbent cotton or gauze is inserted inside. But these should not be left unchanged beyond six hours. Some brands state that tampons left unchanged for more than 12-18 hours increases the possibility of toxic shock.

It is not clear what causes toxic shock. But there seems to be a link between tampons and Toxic Shock Syndrome (TSS). Approximately 1% of all menstruating women carry the bacteria in question (*Staphylococcus aureus*) in their vagina. Absorbent tampons provide the medium for them to grow and spread infection. TSS cases were first reported in 1978. It is marked by high fever, severe vomiting and diarrhoea. The cases can be mild to fatal. The menstrual cup (or cap), is inserted within and collects the flow and can be emptied, cleaned and re-used.

Whatever the preference, washing is important. There need be no taboo about bath on these days. Some people have the problem of odour during menstruation. Cleanliness and change of pad/tampon as often as is necessary reduces this problem. It is not advisable to use perfumed pads or tampons. In fact, using powder in the genital area is not recommended.

Health and Hygiene Education

Health education plays an important role in the community hygiene. To prevent illness and have positive health attitude, correct and complete knowledge of health is necessary. Health is cleanliness and cleanliness is one of the main defenses against diseases, whether contagious or self-generated. In this lesson we will discuss the actual meaning of health and hygiene, so that the aim of good health can be achieved through sanitary habits and healthy way of living.

Hygiene promotion follows the same approach as health promotion, in that it is concerned not only with the transmission of information, but with understanding and promoting the capacities of people to improve their own health, chiefly through their ability to:

- Make best use of prevailing environmental health conditions and existing services and facilities;
- Act to improve environmental health conditions and
- Make behavioural changes to reduce certain environmental risks at the household level.

Hygiene promotion is concerned with achieving improvements in health through the joint efforts of individuals, families and communities on one hand, and external

agencies, health authorities, etc. on the other. It is a process in which environmental health conditions and hygiene related behaviour are assessed, and changes in conditions, services and behaviour are achieved. A key feature of hygiene promotion is that it depends for its success on the careful analysis of people's constraints, opportunities and strengths in any situation, to seek solutions to hygiene problems that are realistic and appropriate to people's desires and ways of living. Recent work on hygiene promotion in development and emergency situations has underlined the advantages of hygiene promotion over the more traditional and narrower approach of hygiene education and health education. Hygiene promotion and hygiene education are used broadly to include aspects of health, such as avoiding exposure to all types of hazards, as well as aspects more narrowly defined as relating to hygiene, such as the control of communicable diseases in an emergency.

Importance of Personal Hygiene

Maintaining personal hygiene is necessary for many reasons; these can be personal, social, for health reasons, psychological or simply as a way of life. Essentially keeping a good standard of hygiene helps to prevent the development and spread of infections, illnesses and bad odours.

Personal Reasons

Many people, women in particular, are very conscious of their hygiene needs and practices. This can be a result of being taught of the importance from an early age, from being picked-on at school for head lice or similar.

Self-esteem, confidence and motivation can all be altered by our body image, often reflected on our ability to care for ourselves and keep good hygiene practices.

A bright white smile with clean and healthy teeth can endear people to us, whereas brown, unhealthy teeth can cause embarrassment and can alter our sense of well-being. Healthy hair, skin and nails are signs of a good well-balanced diet and can give us confidence in everyday life.

Social Reasons

Most people hate to be talked about, especially in a negative manner. By ensuring that our body is clean and well presented, we are more assured of projecting a positive body image that reflects our personalities. Children should be taught the importance of hygiene and how to achieve good hygiene very early to keep themselves and others healthy and to reduce the risk of being bullied at school.

Health Reasons

If a person is due to go into hospital, sometimes that person becomes very aware of his/her hygiene. The thought of being vulnerable and exposed to strangers can cause the person to become very strict on their hygiene needs. If you have cut yourself, the wound should be cleaned and dressed suitably; this can help reduced the risk of infection and pain. Conditions such as head lice, athlete's foot, etc. should be treated

immediately to prevent further infections and spread to others. Hand washing cannot be emphasized enough as this simple action can prevent a plethora of illnesses and disorders developing. Many people ‘forget’ to wash their hands after using the toilet or before handling foods; this deed can cause a great deal of illness and even death.

Psychological Issues

By being well presented, clean and tidy, people can feel more confident, especially in social situations. Many job interviews and such like are highly dependent of hygiene as many decisions are made by first impressions within the first few minutes of meeting; these decisions are often made in the sub-conscious. Our chances of succeeding either in work or social settings, or even with the opposite sex can be altered by our maintenance of hygiene.

Maintaining hygiene practices helps to reduce the risks of ill health, but equally important affects how we and others perceive ourselves and can influence our levels of confidence and self-esteem which can affect many aspects of our lives.

Exercise

- 1. Enlist the hygiene routine to be followed to ensure good health.

Assessment

Answer the following questions:

- 1. What is Hygiene?

- 2. What are the hygiene routines to be followed to ensure good health?

- 3. What is the relation between health and hygiene?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Define hygiene.
- 2. Differentiate between hygiene and sanitation.

Part B

Discussed in class the following:

- 1. What is Hygiene?
- 2. What are the hygiene routines to be followed to ensure good health?
- 3. What is personal hygiene?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate hand washing.		
Demonstrate trimming of nails.		

Session 2: Describe Factors affecting Good Health

Relevant Knowledge

Good health is not only about not being ill, it is about being happy and feeling whole from a physical, mental and spiritual point of view. Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person’s mind and body, usually meaning to be free from illness, injury or pain.

- **Healthcare involves promoting health and preventing disease.**
- **Healthcare worker should present healthy appearance.**
- **Five Factors for good health**
 - o Diet
 - o Rest
 - o Exercise
 - o Good posture
 - o Avoid use of tobacco and drugs
- **Diet**
 - o One factor of good health

- o Eat well-balanced meals with nutritious foods
- o Provides body with materials for optimum health
- o Food from each of the five major food groups should be eaten daily (milk, meat, fish and poultry, vegetables, fruits, bread, cereals, rice and pasta)
- **Rest**
 - o Need adequate rest and sleep
 - o Provides energy and ability to deal with stress
 - o Amount of sleep required varies from individual to individual
- **Exercise**
 - o Maintains circulation and improves muscle tone
 - o Helps mental attitude
 - o Contributes to more restful sleep
 - o Chose form best suited to your needs
 - o Obtain some type of exercise daily
- **Good posture**
 - o Prevents fatigue and puts less stress on muscles
 - o Stand straight with muscles pulled in, shoulders relaxed and weight balanced equally on both feet
- **Avoid use of tobacco and drugs**
 - o Use of tobacco, alcohol and drugs, seriously affects good health
 - o Tobacco affects function of heart, circulatory system, lungs and digestive system
 - Smoke offensive to many individuals
 - Many facilities are “smoke-free” environments
- **Alcohol and drugs also affect good health**
 - o Impairs mental function
 - o Decreases ability to make decisions
 - o Affects many body system, especially in teens because the brain and nervous system is not fully formed
 - o Use of illegal substances can result in loss of a job

Maintaining a Successful Routine Exercise

1. Begin with a visit to your physician

Tell your doctor if you are about to start a new exercise routine, especially if you've been inactive. He or she will recommend that you have a physical examination to preempt unwanted surprises with your health and ensure you can exercise safely.

2. Make good health as your goal

Remember that your overall health is what matters most. Vow to not make excuses, commit yourself to a lifestyle change, and start new habits that will improve your health and outlook.

3. Start slowly and gradually to build your fitness

A gradual approach to fitness will help ensure that you maintain your routine and prevent injuries.

4. Eat for balanced energy

Be sure that your overall diet is well balanced to give you the energy you need throughout the day and during your workout. Since eating just before you exercise can lead to cramping, consume an easily digestible food such as a banana at least an hour before you work out.

5. Keep a written log of your exercise schedule and set goals

In addition to being a good reminder of what you have done at each workout, a written log will give you a chance to work toward a goal and see what you have accomplished as you progress through the weeks and months.

6. Exercise each day

Establishing a routine often makes it easier to stick with an exercise program.

7. Exercise with a friend whenever possible

Walking or running with a friend will give you the chance to visit as well as ward off boredom. Many exercisers suggest their workout flies by when they have a partner.

8. Change your route if you walk or run

Check out new neighbourhood, tracks and parks. Changing the scenery can add interest to your routine and help prevent boredom.

9. Warm up, work out and cool down with each exercise session

Starting slowly and gradually increasing the intensity of your workout is a good way to prevent injuries.

10. Include music in your routine

Music is a good distraction from the monotony of exercise. Use faster tunes to boost the intensity of your work out and calm music to help you cool down.

11. Consider safety

Choose routes with little traffic. Walk or jog on sidewalks whenever possible. If you exercise outside, schedule your workout during the day. When exercising at dawn, dusk, or at night, wear bright colours and reflectors so that you can be easily spotted.

12. Keep changing your exercise

Try Yoga for stretching and balance. Brisk walking, running, jogging, and spinning

is useful for enhancing for endurance; and weight training to build strength. Cross training or combining a variety of exercises in your weekly routine is the best way to boost your metabolism and ensure overall strength and fitness. Make a point of adding extra activities in your day such as taking the stairs instead of the elevator and walking instead of driving to lunch.

13. Dress appropriately for your activity

Wear fast-drying fabrics, such as polyester blends that wick away moisture and help keep you warm. Be sure your shoes fit well and are made for the activity you have chosen.

14. Focus on a pleasant memory, thought, fantasy, or activity while you work out

Some exercisers find inspiration in positive self talk as they work out.

15. Have a positive outlook about weather

Exercising outside in light rain, on cloudy days, and even cold, windy days can energise you and make you feel more in touch with the weather elements.

16. Get plenty of sleep

Sleep is essential for getting a good workout. If you did not have enough sleep, either take a rest day or modify your workout so that it is less vigorous.

17. Drink at least 2 litres of water per day

Remember that your body is 70 percent water. If you have not had enough to drink, your workout is likely to fall short of your expectations.

18. Listen to your body

If you are tired or beginning to get a cold, take a break. Your body needs time to rest and repair.

19. For added physical activity and sociability, take a dance class

Dancing provides a terrific aerobic work out and burns up to 300 calories an hour. Remember that increased physical activity of any kind will help keep you healthy.

20. Don't let anything come between you and your fitness routine

Since exercise is one of the most important things you can do to maintain good physical and mental health, be sure to include it in your daily routine no matter what scheduling complications you encounter. Make exercise as essential as bathing, brushing your teeth, eating, and sleeping.

21. Eat a healthy diet

A healthy, low-fat diet that is combined with regular exercise can help guard against obesity, diabetes, high blood pressure, insomnia, depression, anxiety, osteoporosis, cancer, and heart disease.

22. Reward yourself!

Take a hot bubble bath, get a massage, or get a new outfit to celebrate your hard work.

Exercise

- 1. Perform physical exercises such as brisk walking, stretching, etc. daily.

Assessment

Short Answer Questions

- 1. What is good health?

- 2. What are the three factors that affect good health?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Differentiate between the factors that affect good health.

Part B

Discussed in class the following:

- 1. What is good health?
- 2. What should be done to maintain a good health?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Prepare various physical exercises.		
Prepare a plan for maintaining good physical health.		

Session 3 : Perform Hand Washing

Relevant Knowledge

Hand washing for hand hygiene is the act of cleaning one's hands with or without the use of water or another liquid, or with the use of soap, for the purpose of removing soil, dirt, and/or microorganisms.

Medical hand hygiene pertains to the hygiene practices related to the administration of medicine and medical care that prevents or minimizes disease and the spreading of disease. Hand washing with soap is the single most effective and inexpensive way to prevent diarrhea and acute respiratory infections (ARI). The main medical purpose of washing hands is to cleanse the hands of pathogens (including bacteria or viruses) and chemicals which can cause personal harm or disease. This is especially important for people who handle food or work in the medical field, but it is also an important practice for the general public.

People can become infected with respiratory illnesses such as influenza or the common cold, for example, if they don't wash their hands before touching their eyes, nose, or mouth. The Center for Disease Control and Prevention (CDC) has stated: "It is well documented that one of the most important measures for preventing the spread of pathogens is effective hand washing."

As a general rule, hand washing protects people poorly or not at all from airborne diseases, such as measles, chickenpox, influenza, and tuberculosis. It protects best against diseases transmitted through fecal-oral routes (such as many forms of stomach flu) and direct physical contact (such as impetigo). In addition to hand washing with soap and water, the use of alcohol gels is another form of killing some kinds of pathogens and healthful bacteria, but their effectiveness is disputed, and may lead to antibiotic-resistant bacterial strains.

Washing hands properly after using the toilet, changing nappies, handling animals and before and after handling food helps prevent the spread of various forms of gastroenteritis, some of which can cause serious health problems. Use soap and warm running water and wash hands for at least 10 seconds. Liquid soap is best.

Why is Hand Hygiene Important?

The hands normally have a "resident" population of micro-organisms. Other micro-organisms (germs) are picked up during everyday activities, and these are termed "transient" organisms. We all carry millions of germs on our hands, most are harmless, but some cause colds, flu, skin infections or diarrhea.

When we forget to wash our hands, we can spread these germs to other people. We can also infect ourselves by touching our eyes, mouths or open cuts. Hand washing

should remove these transient organisms before they are transferred to surfaces, another patient or to a susceptible area on the same patient.

Why is Hand Hygiene Important in Health Care?

People receiving healthcare may be more vulnerable to infection from germs carried on their hands or other people's. Germs that naturally live on the skin and normally cause few problems may be more serious when brought into a healthcare environment. These germs are often passed from one person to another by physical contact so it's important that patients, visitors, health care workers, nursing staff and doctors cut the risk of spreading infections by regularly cleaning their hands.

Advice to Healthcare Staff and Patients

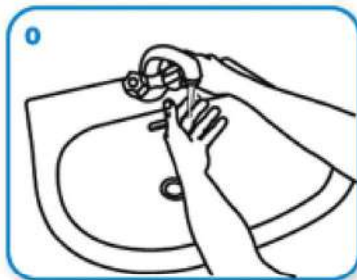
All health care staff should use hand wash or alcohol gel:

- Before and after direct patient contact;
- After helping a patient to use the toilet, bathroom or commode;
- After any contaminating procedure;
- Before putting on and after taking off gloves.

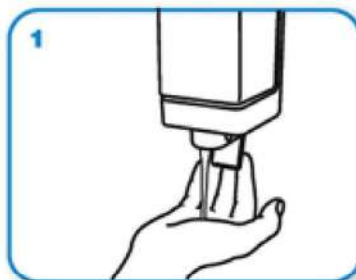
Please wash your hands whenever you can see your hands are dirty, before and after eating food and after using the toilet. You may wash them at any sink with liquid soap and warm water or use one of the hand gels available. Hot water that is comfortable for washing hands is not hot enough to kill bacteria. Bacteria grow much faster at body temperature (37° C). However, warm, soapy water is more effective than cold, soapy water at removing the natural oils on your hands which hold soils and bacteria. Removal of microorganisms from skin is enhanced by the addition of soaps or detergents to water. The main action of soaps and detergents is to reduce barriers to solution, and increase solubility. Water is an inefficient skin cleanser because fats and proteins, which are components of organic soil, are not readily dissolved in water. Cleansing is, however, aided by a reasonable flow of water. A hand sanitizer or hand antiseptic is a non-water-based hand hygiene agent. Hand sanitizers are most effective against bacteria and less effective against some viruses. Alcohol-based hand sanitizers are almost entirely ineffective against norovirus or Norwalk type viruses, the most common cause of contagious gastroenteritis. Frequent use of alcohol-based hand sanitizers can cause dry skin unless skin moisturizers are added to the formula.

If you have wound dressings, stitches, catheters or an intravenous line, try not to touch them any more than absolutely necessary. You could spread germs to other parts of the body. Medical hand-washing should be done for a minimum of 15 seconds, using generous amounts of soap and water or gel to lather and rub each part of the hands. Let us now practice the steps used for hand washing.

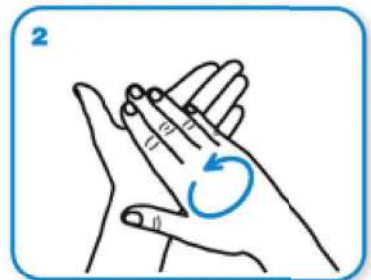
Steps for Hand Washing



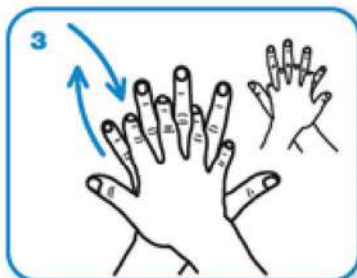
Wet hands with water



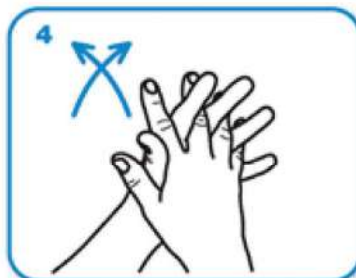
Apply enough soap to cover all hand surfaces



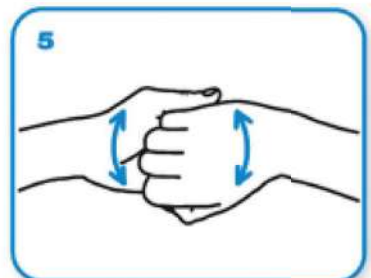
Rub hands palm to palm



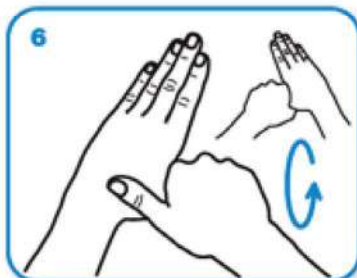
Right palm over left dorsum with interlaced fingers and vice versa



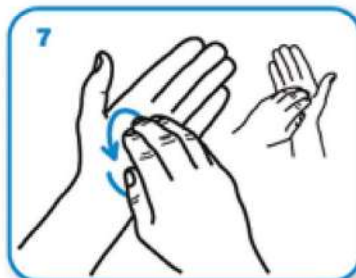
Palm to palm with fingers interlaced



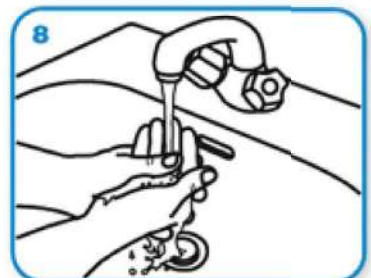
Backs of fingers to opposing palms with fingers interlocked



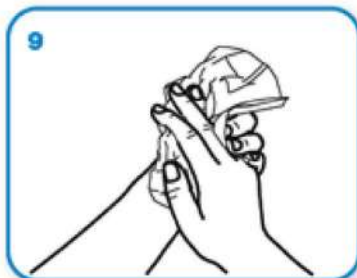
Rotational rubbing of left thumb clasped in right palm and vice versa



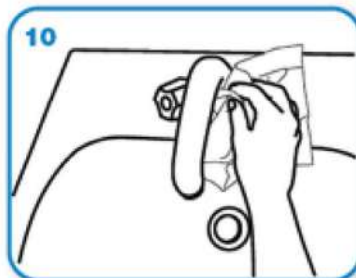
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



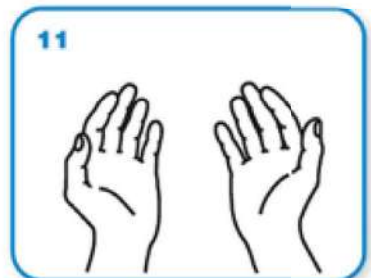
Rinse hands with water



Dry thoroughly with a single use towel



Use towel to turn off faucet



And your hands are safe

Figure: 1

Exercise

- 1. Discuss the following topics in groups:
 - (a) How hand washing helps in preventing spread of germs?
 - (b) What are the precautions to be followed while using various types of soaps/ hand sanitizers?
- 2. Practice the steps of hand washing.

Assessment

Short Answer Questions:

- 1. What is hand hygiene?

- 2. Why do we need to practice good hand hygiene?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. What is hand hygiene?
- 2. Describe the procedure of hand washing.

Part B

Discussed in class the following:

- 1. What is hand hygiene?
- 2. Why is it important to wash hands before and after meals?
- 3. Why is it important to wash hands after use of toilet?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate hand washing as per the procedure.		

SESSION 4: DEMONSTRATE PERSONAL GROOMING

Relevant Knowledge

Personal grooming is the art of cleaning, grooming, and maintaining parts of the body.

Importance of Personal Grooming

Personal grooming is important for a positive self-image and every effort should be made to encourage and assist the resident to maintain a pleasing and attractive appearance.

- It is the process of making yourself look neat and attractive.
- The things which you do to make yourself and your appearance tidy and pleasant.

Grooming is important for a positive self-image and to encourage and assist the resident to maintain a pleasing and attractive appearance.

Basic Grooming

Basic grooming involves practices that are followed daily to keep healthy and to make effective presentation. Some of these practices are as follows:

- Groom your facial hair. Avoid the patchy beard, long black mustache hairs, or chin pube goatee.
- Brush your teeth.
- Wash your hair.
- Take care of your skin.
- Trim your fingernails and toenails, and clean the dirt out from under them.
- Wear deodorant.
- Pay attention to little details like keeping your ears clean, or your nose hair trimmed, or not having a mole with a single distracting long hair growing out of it.
- Use effective communication skills while speaking to the patient and their relatives.
- Wear name badge and uniform.

Basic Dressing

Again, a list of stereotypical mistakes:

- Don't wear white socks with dark shoes and vice versa.
- Don't wear socks with sandals.
- Don't wear T-shirts that are too big and baggy, or too small and tight.
- Don't wear the same outfit two days or more in a row.
- Don't wear a similar, uninspired outfit every day (i.e., a dull black t-shirt with jeans.)
- Don't keep wearing your clothes after they have become faded.
- Don't wear clothes that are overly wrinkled.
- Don't keep wearing something if you have dirtied or stained it.

Basic Appearance

- Get your hair looking good. Grow it out or cut it in a fashionable style. Good looking hair can be the cornerstone of an attractive appearance.
- If you wear glasses, make sure to get some frames that look good on you.
- If you do not have great teeth, see what you can do about that. Of course this is not something anyone can do in five minutes.
- Get in shape, but do not think you absolutely have to get huge, shredded muscles. Take up rock climbing, or kick boxing, or dancing. Pick something you enjoy doing and that is not an unnecessary hassle to take part in.

Exercise

- I. Perform activities for demonstrating good grooming habits.

Assessment

Short Answer Questions

1. What is personal grooming?
- _____
- _____
2. Why grooming is important?
- _____
- _____

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between the various grooming practices.

Part B

Discussed in class the following:

1. What is personal grooming?
2. What are the grooming habits?

Part C

Performance Standards

The performance Standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate personal grooming.		

UNIT – 4

PRIMARY HEALTHCARE AND EMERGENCY MEDICAL RESPONSE

Learning Outcomes

Unit - 4 PRIMARY HEALTHCARE AND EMERGENCY MEDICAL RESPONSE				
Location	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
Classroom/ Public Places, Police Station, Forensic Laboratory.	Identify component of Primary Health Care.	- Describe the importance of primary healthcare. - Describe the various indicators of the Millennium Development Goals (MDGs) related to health.	- Identify the need of Primary Healthcare in a given scenario. - Enlist the essential components of primary Healthcare. - Enlist the various indicators of the Millennium Development Goals (MDGs) care camps.	Interactive Lecture: - Primary Healthcare and Millennium Development Goals (MDGs). Activity: - Volunteer at mother and infant Enlisting indicators of the Millennium Development Goal (MDGs) related to health.
	Demonstrate chain of survival.	Describe the various medical emergency situations.	- Perform early recognition and call for help. - Demonstrate the knowledge of responding to a medical emergency.	Interactive Lecture: - First Aid and Emergency Response. Activity: - Demonstration of Basic First Aid Practices.

Session 1: Describe Essential Components of Primary Healthcare

Relevant Knowledge

Access to healthcare has been considered a greater challenge to other challenges including affordability and availability of quality healthcare. Medical treatment is not just providing treatment to sick patients but extends to well-being of the people in community and includes disease prevention and promoting good health, and lifestyle habits. There evolved a specific goals and objectives for maintaining health of an individual as well as community. To achieve these objectives appropriate systems need to be developed to measures taken to prevent diseases on one hand and promote good health on other side with provision for treatment of diseases on other side. Various studies indicated that significant population in India borrows money to meet their healthcare costs which are sudden and unexpected. A large population every year moves below poverty line in India and healthcare expenses being one of the major reasons. Thus the progress of the country depends on strong health system and preventive health. It is essential to develop good systems to include preventive health, have effective immunization, provide adequate understanding and care for maternal and child health, effective reimbursement or insurance mechanism to reimburse the costs of medical treatment, mechanism to manage epidemics and good emergency transport system to provide prehospital care during emergencies.

Primary Health Care

Health is defined as “State of complete physical, mental and social well-being and not merely an absence of disease or infirmity”. Primary Health Care is medical care available to people at first level, it combines all the available medical facilities at the community for improving health status. Primary Health Care is defined as an essential healthcare based on scientific methods, universally accessible to the individuals and family in community at a cost which community and country can afford. It is the first level of contact of the individuals and integrates the family and the community with the national health system bringing healthcare as close as possible to where people live and work which includes awareness on preventive health, first level care at the community, immunization, alerts awareness and precautions in case of epidemics, referral of patients to appropriate care facility, supportive supervision and guidance and logistic support and supplies. Primary Health Care is conceived as an integral part of the country’s plan for socio-economic development. In India Primary Health Care is delivered by individual doctors in private sector and infrastructure in public sector comprising of Village level Accredited Social Health Activist (commonly known as ASHA), Village level ANM, Sub Centers and Primary Health Centers.

Millennium Development Goals

The eight Millennium Development Goals (MDGs) adopted by the United Nations in the year 2000 called for concerted action to improve global health and their indicators. All 189 United Nations member states and at least 23 international organizations have agreed to achieve these goals by the year 2015.

Multiple indicators were identified to be arranged in patterns to compare health status of various areas, regions, states, countries. Efforts are made in the direction to better parameters, in last decade efforts are giving results. The goals are:

1. Eradicating extreme poverty and hunger.
2. Achieving universal primary education.
3. Promoting gender equality and empowering women.
4. Reducing child mortality rates.
5. Improving maternal health.
6. Combating HIV/AIDS, malaria, and other diseases.
7. Ensuring environmental sustainability.
8. Developing a global partnership for development.

The various indicators of five goals of MDGs, directly related to health are given in the table below:

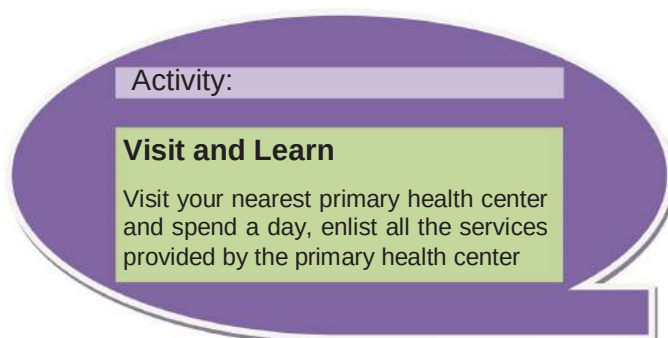
Goal 1. Eradicate Extreme Poverty and Hunger	
Indicator 4.	Prevalence of underweight children under five years of age
Indicator 5.	Proportion of population below minimum level of dietary energy consumption
Goal 4. Reduce Child Mortality	
Indicator 13.	Under – five mortality rate
Indicator 14.	Infant mortality rate
Indicator 15.	Proportion of 1- year old children immunized against measles
Goal 5. Improve Maternal Health	
Indicator 16.	Maternal Mortality ratio
Indicator 17.	Proportion of births attended by Skilled Health Personnel
Goal 6. Combat HIV / AIDS, Malaria and Other Diseases	
Indicator 18.	HIV prevalence among young people aged 15 to 24 years
Indicator 19.	Condom use rate of the contraceptive prevalence rate
Indicator 20.	Number of children orphaned by HIV / AIDS
Indicator 21.	Prevalence of death rates associated with malaria
Indicator 22.	Proportion of population in malaria-risk areas using effective malaria prevention measures
Indicator 23.	Prevalence and death rates associated with tuberculosis
Indicator 24.	Proportion of tuberculosis cases detected and cured under Directly Observed Treatment Short Course – DOTS

Components of Primary Healthcare

The essential components of Primary Healthcare are as follows:

- Education about prevailing health problems and methods of preventing and controlling them.
- Promotion of food supply and proper nutrition.

- Adequate supply of water and basic sanitation.
- Maternal and Child Healthcare including family planning.
- Immunization against infectious diseases.
- Prevention and control of endemic diseases.
- Appropriate treatment of common diseases and injuries.
- Provision of essential drugs.



Exercise

Think, learn
and discuss

1. Find out about importance given to Primary Healthcare during ancient civilization in India and compare with the basic approach for Primary Health Care in modern times.
2. Find out about the concept of Health For All by 2000 A.D and describe basic principles and strategies of Health For All Development.
3. Read about healthy living practices and prepare a chart of ten ways to stay healthy.
4. Describe preventive aspects of healthcare.
5. Find out and learn about epidemics and role of preventive health in epidemics.

Assessment

1. Define the following:

a) Health

b) Primary Healthcare

2. Enlist the essential components of Primary Healthcare and your understanding of each of the eight essential components.

3. Describe your understanding of Millennium Development Goals 4 and 5. ?

4. Fill in the Blanks:

- a Health is defined as complete _____, _____ and _____ well-being which is essential for leading productive life.
- b Millennium development goals were adopted by _____ in year 2000.
- c In India, primary healthcare services are generally provided by _____.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity.

Part A

1. Differentiate between the various primary healthcare services.
2. Differentiate between maternal and child healthcare.

Part B

Discussed in class the following:

1. What are the essential components of Primary Healthcare?
2. Why community participation is important in ensuring appropriate primary healthcare?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate the knowledge of identifying the need of Primary Healthcare.		

Session 2: Demonstrate Chain of Survival

Relevant Knowledge

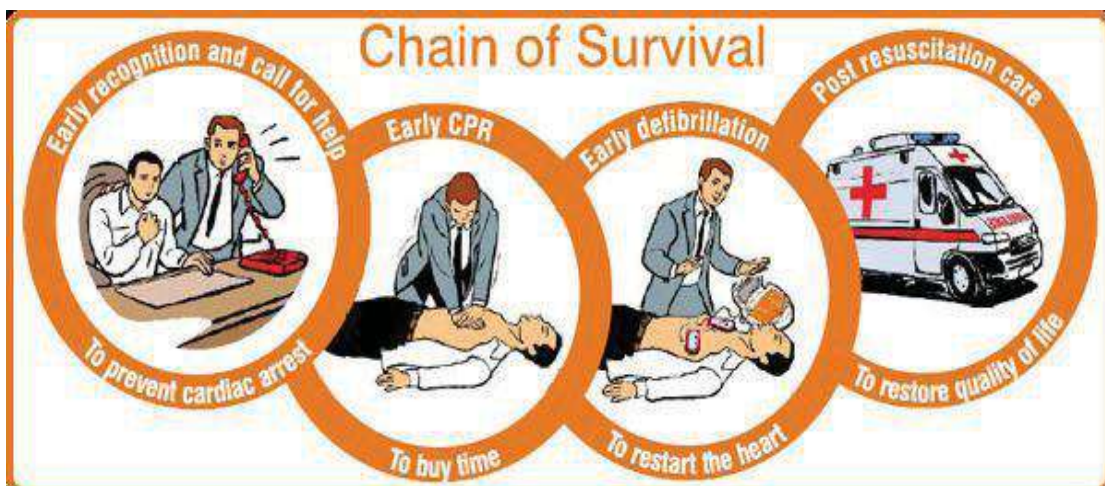
In our day-to-day life we come across many medical emergencies; in few medical emergencies we come across unconscious / unresponsive patients, or seriously ill patients who need attention and no immediate professional medical help is available. In such case every second counts. Under such circumstances, it is quite common that everyone attempts to help in their own way to rescue the victim. Instead if one, who is a qualified first aider or doctor takes lead and adopts a standard approach to respond, it would increase the chances of survival.

Emergency Medical Response

Medical Emergency is any medical condition which has a sudden onset, unexpected occurrence needs attention, may be a dangerous may possess an immediate risk to person's life, limb, organ or long term health. Considering the emergency situation and availability of resources, the Emergency Medical Response varies. However a standardized approach with sequential steps, well reinforced in the society and healthcare provider, followed systematically helps in increasing chances of survival and faster recovery. Emergency Medical Response is standard medical response by a first responder or qualified medical professional based on his competency provided to emergency victim which would help in increasing the chances of survival.

Chain of Survival

In life threatening events in out of hospital scenarios, when one comes across an unconscious patient or seriously ill patients (appears to have dead) there are series of actions, if put into action would increase the chances of survival of the patient. These series of action are termed as "Chain of Survival" in various resuscitation guidelines.



Courtesy : <http://www.cardiaid.com/en/Home,1.html>

Figure:1

Step 1

Ensure Scene Safety: In emergency resuscitation the first principle is safety, unless you are safe, you can't provide help to others. Ensure the location is safe for yourself, the victim who is in emergency condition and also the bystanders around.

Step 2

Check for response from Victim: It is essential to understand if the victim is conscious and is able to respond. To check this gently shake his shoulder and ask him loudly "Are you O.K", "Can you hear me".

Step 3

Check for Response: If he responds, ensure he is in position in which you find him, ensure there is no further danger from surroundings, try to identify the cause and provide necessary help, seek for medical attention and try to transfer him to a medical facility as early as possible. If he doesn't respond, then

- Immediately shout for help
- Turn him onto his back
- Open Airway using head tilt and chin lift method
- Place your hand on his forehead and gently tilt his head back
- With your finger tips under the point of victim's chin, lift the chin to open the airway.
- Keeping the airway open

Look - Look for chest movement

Listen - At the victim's mouth for breath sounds

Feel for breathing - Feel for air on your cheek

Identify if breathing is normal, not normal or absent.

If breathing normally, turn him into appropriate position (side position with head dependent, with no pressure on the chest) ensuring the position is stable. Also ensure that there is no obstruction to breathing. Seek help, Call for Ambulance, Call National Ambulance Service Telephone Numbers i.e. 108 or 102 or any other Ambulance Service available.

Continue to assess breathing, check **if breathing is normal.** If the breathing is not normal or absent, alert the ambulance service, attempt to bring an Automated External Defibrillator (AED) if available, and attempt Cardiopulmonary Resuscitation (CPR). (CPR method would be taught to you in subsequent NSQF levels).

The simple model of Emergency Medical Response can be represented as below, further it is followed by CPR which would be taught in subsequent levels.

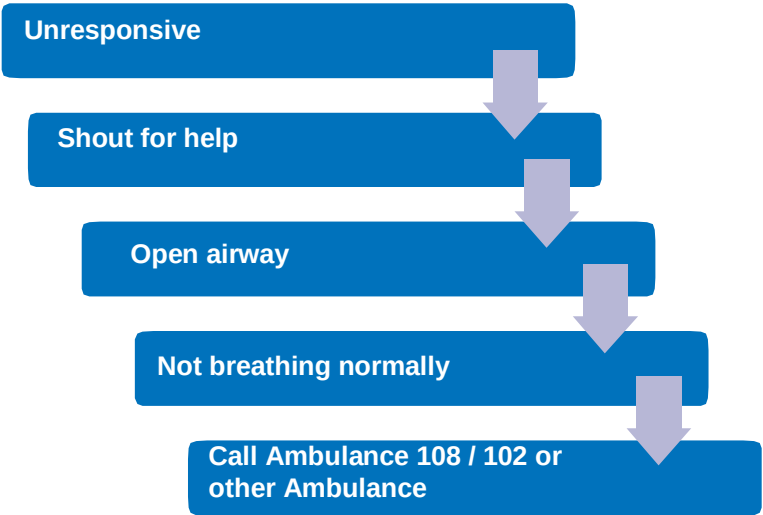


Figure: 2

Exercise

Role Play

Scenario

1. An unconscious patient is lying at a bus stand. People are standing around him. Imagine, you are a trained “First Aider” and you have to respond to the situation. What will you do?



Assessment

I. Short Answer Questions

1. Describe the following:

- a) Medical Emergency

- b) Emergency Medical Response

2. State the steps involved in Chain of Survival.

II. Fill in the Blanks

1. CPR Stands for_____.
2. To open airway place your hand on his forehead and gently_____his head back, with your fingers under the point of victim’s chin_____the chin to open the airway.
3. Keeping the airway open_____for chest movements, _____at the victims mouth for breath sounds, _____for air on your cheek.

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between medical emergency and medical emergency response.

Part B

Discussed in class the following:

1. What are the steps to be followed for chain of survival?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Assess if the victim is breathing or not.		
Perform open airway of a unresponsive patient.		
Demonstrate the steps in the chain of survival.		

UNIT – 5

IMMUNIZATIION

Learning Outcomes

Unit - 5 IMMUNIZATION				
Location Classroom, Industry, Organization Hospital.	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Differentiate between various types of immunity.	- Explain the meaning of immunity. - Differentiate between innate and adoptive immunity. - Differentiate between passive and active immunity.	- Differentiate between Bacteria and Virus. - Prepare a sample Immunization Schedule Chart.	Interactive Lecture: - Immunization. Activity: - Prepare Immunization schedule for baby born on 12 June, 2013. Visit to Primary Healthcare and Immunization camp and study the immunization process.
	Prepare immunization schedule chart.	- Describe the importance of immunization. - Describe the side effects of immunization. - Describe the various aspects of immunization schedule chart.	Prepare a immunization calendar for an infant based on date of birth.	Interactive Lecture: - Immunization Calendar. Activity: - Discussion on the process of immunization, its advantages and limitations.
	Identify the key components of Universal Immunization Programme.	Describe the key components of a Universal Immunization Programme.	- Identify the key components of a Universal Immunization Programme. - Enlist the diseases covered under UIP.	Interactive Lecture : - Universal Immunization Programme. Activity: - Enlisting of diseases covered under Universal Immunization Programme.
	Identify the key components of a Pulse Immunization Programme.	Describe the key components of a Pulse Immunization Programme.	Identify the key components of a Pulse Immunization Programme.	Interactive Lecture : - Pulse Immunization Programme. Activity: - Enlisting of disease covered under Universal Immunization Programme.

Session 1: Differentiate Between Various Types of Immunity

Relevant Knowledge

The immune system is your body's way of helping to protect you from infection. When your body is infected by viruses, bacteria or other infectious organisms (e.g. a fungus or parasite), it undergoes a process of fighting the infection and then healing itself.

As a result of this, the next time your body encounters the same organism, you will be 'immune' to this infection. This means that you are less likely to get the same disease again, or if you do, the infection will be less severe. This is the principle behind vaccination.

How Does Immunity Work?

Whenever your body encounters a foreign organism, like bacteria or a virus, a complicated set of responses are set in motion. Your body has two sets of defensive mechanisms, one called 'innate immunity' and another called 'adaptive immunity'.

Innate Immunity

Innate immunity describes your body's barriers to infection that are in-built (or innate). This includes:

- Skin
- The acid in your stomach
- Saliva
- Tears
- Mucus in your mouth and nose
- Cells in your blood stream that can destroy bacteria.

All of these systems are extremely important as a first line of defence to prevent you from becoming infected, and for getting rid of the infections that you do get.

These innate systems do not change with multiple exposures to the same infection; there is no 'learned' response no matter how many times your body is exposed to the same organism.

Adaptive Immunity

Your body's more complicated second line of defence is called adaptive immunity. By adapting to fight infections from particular bacteria or viruses, your body can become immune to infections caused by the same organism in the future. This adaptation by your body to prevent infection is the basis of immunization. Certain types of blood cells can learn from exposure to an infection. This means that the next time they encounter that infection they can remember it and mount a faster and stronger response.

For Example:

- Antibodies are made by the body in response to an infecting organism. They can recognise specific types of viruses or bacteria. They work by attaching themselves to the organism, and preventing them from infecting your body.

Session 2: Describe Immunization Schedule

Relevant Knowledge

What is Immunization?

Immunization protects children (and adults) against harmful infections, before they come into contact with them in the community. Immunization uses the body's natural defense mechanism, the immune response, to build resistance to specific infections. Nine diseases can be prevented by routine childhood immunization - diphtheria, tetanus, whooping cough, poliomyelitis (polio), measles, mumps, rubella, haemophilus influenza type b (Hib) and hepatitis B. All of these diseases can cause serious complications and sometimes death.

Immunization is given as an injection or in the case of polio vaccine, taken as drops by mouth. Immunization helps children stay healthy by preventing serious infections.

Immunization and Vaccination

Technically 'vaccination' is the term used for giving a vaccine, that is, actually getting the vaccine injected or swallowing the drops. 'Immunization' is the term used for the process of both getting the vaccine and becoming immune to the disease as a result of the vaccine. Most people use the terms 'vaccination' and 'immunization' interchangeably but their meanings are not exactly the same because immunity follows vaccination in most, but not all, cases. For the purposes of this workbook, we have always used the term 'immunization' because this is the expression most commonly used in the community.

How Does Immunization Work?

All forms of immunization work in the same way. When someone is injected with, or swallows, a vaccine, their body produces an immune response in the same way it would following exposure to a disease but without the person getting the disease. If the person comes in contact with the disease in the future, the body is able to make an immune response fast enough to prevent the person getting sick.

What is Vaccine?

A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease causing microorganism, and is often made from weakened or killed forms of the microbe, its toxins or one of its surface proteins. The agent stimulates the body's immune system to recognize the agent as foreign, destroy it, and "remember" it, so that the immune system can more easily recognize and destroy any of these microorganisms that it later encounters. Vaccines may be prophylactic (example: to prevent or ameliorate the effects of a future infection by any natural or "wild" pathogen), or therapeutic (e.g. vaccines against cancer are also being investigated). The term vaccine derives from Edward Jenner's 1796 use of cowpox (Latin variola vaccinia, adapted from the Latin vaccinus, from vacca, cow) to inoculate humans, providing them protection against smallpox.

- Macrophages are specialised blood cells that can directly attack and destroy an infecting organism, digesting them so they cannot produce disease.

Vaccines trigger the adaptive immune system by stimulating the body to make antibodies, so that it can prepare for a potential infection in the future.

Passive immunity is acquired through transfer of antibodies or activated T-cells from an immune host, and is short lived, usually lasting only a few months, whereas active immunity is induced in the host itself by antigen and lasts much longer, sometimes lifelong.

Exercise

1. Prepare a presentation on “how does the immune system works?”

Assessment

Short Answer Questions

1. What is immunity?

2. State the difference between innate immunity and adaptive immunity?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- I. Differentiate between innate immunity and adaptive immunity.

Part B

Discussed in class the following:

1. What is immunity?
2. What are the differences between innate immunity and adaptive immunity?
3. What is virus?
4. What is bacterium?

How Long Do Immunizations Take to Work?

In general, the normal immune response takes several weeks to work. This means protection from an infection will not occur immediately after immunization. Most immunizations need to be given several times to build long lasting protection. A child who has been given only one or two doses of diphtheria-tetanus-pertussis vaccine (DTPa) is only partially protected against diphtheria, pertussis (whooping cough) and tetanus, and may become sick if exposed to these diseases. How long do immunizations last? The protective effect of immunizations is not always life-long. Some, like tetanus vaccine, can last up to 30 years, after this time a booster dose may be given. Some immunizations, such as whooping cough, give protection for about five years after a full course.

Is Everyone Protected from Disease by Immunization?

Even when all the doses of a vaccine have been given, not everyone is protected against the disease. Measles, mumps, rubella, tetanus, polio and Hib vaccines protect more than 95% of children who have completed the course. Three doses of whooping cough vaccine protects about 85% of children who have been immunized, and will reduce the severity of the disease in the other 15% of children (who have also been immunized), if they do catch whooping cough. Booster doses are needed because immunity decreases over time. Three doses of hepatitis B vaccine protect over 95% of children.

Why do Children Get So Many Immunizations?

A number of immunizations are required in the first few years of a child's life to protect the child against the most serious infections of childhood. The immune system in young children does not work as well as the immune system in older children and adults, because it is still immature. Therefore, more doses of the vaccine are needed. In the first months of life, a baby is protected from most infections by antibodies from her or his mother which are transferred to the baby during pregnancy. When these antibodies wear off, the baby is at risk of serious infections and so the first immunizations are given before these antibodies have gone.

What are the Side Effects of Immunization?

Common side effects of immunization are redness and soreness at the site of injections and mild fever. While these symptoms may concern you and upset your child at the time, the benefit of immunization is protection from the disease. Paracetamol might be required to help ease the fever and soreness. Other side effects are very rare but if they do occur, a doctor should be consulted immediately.

What is the Importance of Immunization?

Each year, vaccines prevent more than 2.5 million child deaths globally. An additional 2 million child deaths could be prevented each year through immunization with currently available vaccines.

- **Immunization saves a child's life:** Immunization helps to protect your child against various diseases.

- **Immunization is safe and effective:** All vaccines that are given to children are completely safe and effective, as various medical professionals have tested them. The only discomfort can be pain, redness or tender feeling among few.
Immunization prevents spread of diseases: If a person is immunized, there is little to risk of an epidemic. Thus, it also prevents spreading of the disease.
- **Immunization saves time and money:** A prolonged illness can take a toll on your finance as well as your precious time. Immunization is a good investment, as it saves time, money and promotes good health.
- **Immunization protects future:** Immunization has helped to eradicate polio to some extent. If we keep on practicing immunization, in near future we will be able to eradicate all these diseases completely.
- **Immunisation has reduced mortality rate.**
- **Immunisation has made children more healthy and fit.**
- **Immunisation promotes long life span.**

National Immunization Schedule Chart

Let us now read through the National Immunisation Schedule for Infants, Children and Pregnant Women to understand the importance of immunization against various diseases.

National Immunization Schedule for Infants, Children and Pregnant Women				
Vaccine	When to give	Dose	Route	Site
FoR PREGnant WoMEN				
TT-1	Early in Pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT-Booster	If received 2 TT doses in a pregnancy within the last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
FoR InFANTS				
BCG	At birth or as early as possible till one year of age	0.1 ml (0.05 ml untill 1 month age)	Intra-dermal	Left Upper Arm
Hapatitis B Birthdose	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (OPV can be given till 5 yrs. of age)	2 drops	Oral	Oral
Pentavalent 1, 2 & 3	At 6 weeks 10 weeks & 14 weeks (can be given till one year of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid thigh
Rotavirus#	At 6 weeks 10 weeks & 14 weeks (can be given till one year of age)	5 drops	Oral	Oral
IPV	Two fractional dose at 6 & 14 weeks of age	0.1 ml	Intra dermal two fractional dose	Intra dermal : Right upper arm
Measles / MR 1 st Doses\$	9 completed months-12 months, (can be given till 5 yrs. of age)	0.5 ml	Sub-cutaneous	Right upper Arm
JE - 1**	9 completed months-12 months	0.5 ml	Sub-cutaneous	Left upper Arm
Vitamin A (1 st dose)	At 9 completed months with measles Rubella	1 ml (1 lakh IU)	Oral	Oral
FoR CHILDREN				
DPT Booster-1	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh

Measles / MR 2 nd dose\$	16-24 months	0.5 ml	Sub-cutaneous	Right Upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
JE-2	16-24 months	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin-A*** (2 nd to 9 th dose)	16-18 months. Then one dose every 6 months up to the age of 5 yrs.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5-6 years	0.5 ml	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

*Give TT-2 or Booster dose before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.

** JE Vaccine is introduced in select endemic districts after the campaign.

***The 2nd to 9th dose of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS

#Phased introduction, at present. In Andhra Pradesh, Haryana, Himachal Pradesh and Orissa from 2016 & expanded in Madhya Pradesh, Assam Rajasthan and Tripura in February 2017 and planned in Tamil Nadu & Uttar Pradesh in 2017.

Phased introduction, at present in five states namely Karnataka, Tamil Nadu, Goa, Lakshdweep and Puducherry. (As of Feb' 2017)

TT – Tetanus Toxoid, OPV – Oral Polio Vaccine, BCG – Bacillus Calmette Guerin, DPT – Diphtheria Tetanus Pertussis

Figure: 1

Exercise

1. Prepare a sample immunization schedule chart for a child.

Assessment

I. Short Answer Questions.

1. What is immunization?

2. What is vaccine?

3. What is the importance of immunization?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between immunisation schedule for Infants, Children and Pregnant Women.

Part B

Discussed in class the following:

- 1. What is immunization?
- 2. What is vaccine?
- 3. Why immunization is important?
- 4. Why should we prepare an immunization schedule?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Prepare an immunization schedule chart for a child.		

Session 3: Describe Key Components of Universal Immunization Programme

Relevant Knowledge

Universal Immunization Program, popularly known as UIP, gained momentum in 1985 and it was implemented in phased manner to cover all districts in India by 1989-90. Immunization is one of the key areas under National Rural Health Mission of Government of India. Since 1997, immunization activities have been an important component of National RCH Programme. Certain diseases may require universal immunization of a population to control them. Such efforts usually target infants in the first year of life so that immunity is completed as early as possible before the risk of infection, (e.g., diphtheria-pertussis-tetanus, polio). Others may require immunization of only selected high risk groups (e.g., at risk elderly for Pneumococcus). In some cases the target group may not be the group that the vaccine is designed to protect (e.g., rubella vaccination of all children and females of child bearing age in order to protect the fetus). Since there are regional differences in infection rates and severity of every disease, the choice of vaccine and dosage regimen will vary with the local epidemiology of the disease, specific target population, and health system. The effectiveness of the healthcare delivery system can also vary with different vaccines, vaccine efficacy, and organization of the local health care service organization. Care must be taken to ensure the balance of risks and benefits, where cost constraints or logistical limitations make continuous universal immunization impossible.

Diseases Prevented through Vaccines used in the Universal Immunization Program (UIP)

Presently, the Universal Immunization Program in India provides vaccines mainly to children below 5 years of age and pregnant women for the following preventable diseases:

- 1. Tuberculosis
- 2. Poliomyelitis
- 3. Diphtheria

4. Pertussis (whooping cough)
5. Measles
6. Tetanus
7. Hepatitis B
8. Japanese encephalitis (in endemic districts)

Vitamin A is not a vaccine, but a nutritional supplement which prevents many deficiencies related conditions. However, administration of Vitamin A is also a part of the Universal Immunization Program. Some other diseases have combined vaccines so as to avoid multiple shots, for example DPT for Diphtheria, Pertussis and Tetanus. This is also called a triple antigen. A pentavalent vaccine (5 vaccines together) is also being considered for introduction in the UIP. This will include DPT+ Hepatitis B vaccine+ vaccine for Haemophilus B.

Key Components of Universal Immunization Programme

As a Patient Care Assistant, one would be responsible for all aspects of program management that would lead to the desired program output. The different aspects of program management include:

1. Human resource
2. Micro planning
3. Capacity Building
4. Logistics management
5. Supervision and monitoring
6. Data for action
7. Social mobilization
8. Financial resources
9. Coordination and work environment
10. Linkages with other maternal and child health interventions

Exercise

1. Prepare an Immunization schedule for a baby born on 12th June, 2013.

Assessment

Short Answer Questions

1. What is universal immunization?

2. What are the key components of universal immunization?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1 Define Universal Immunization.
- 2 State the key components of Universal Immunization Programme.

Part B

Discussed in class the following:

1. What is Universal Immunization?
2. What are the different key components of Universal Immunization Programme?
3. What is the importance of Universal Immunization Programme?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
List the diseases covered in UIP.		
Identify the various components of UIP.		

Session 4: Pulse Polio Immunization Programme

Relevant Knowledge

Pulse Polio is an immunization campaign established by the government of India in 1995-96 to eradicate poliomyelitis (polio) in India by vaccinating all children under the age of five years against polio virus. This project deals with the ways to fight poliomyelitis through a large scale immunization programme, co-operating with various international institutions, state governments and Non-governmental organization.

In India, vaccination against Polio started in 1978 with Expanded Program in Immunization (EPI). By 1984, it was successful in covering around 40% of all infants, giving 3 doses of Oral Polio Vaccine (OPV) to each. In 1985, the Universal Immunization Program (UIP) was launched to cover all the districts of the country. UIP became a part of child safe and survival motherland program (CSSM) in 1992 and Reproductive and Child Health Program (RCH) in 1997. This program led to a significant increase in coverage, up to 95%. The number of reported cases of polio also declined from 28,757 during 1987 to 3,265 in 1995.

In 1995, following the Polio Eradication Initiative of World Health Organization (1988), India launched Pulse Polio Immunization Program along with Universal Immunization Program which aimed at 100% coverage. In 2012, India was declared free of polio by WHO.

Importance of Pulse Polio Programme

The Polio viruses are three related enteroviruses: type 1, 2 and 3. All three types cause paralysis. Type 1 causes paralysis most frequently. Polio is highly communicable having incubation period of 7-10 days. Transmission is primarily person-to-person via the faecal-oral route; i.e. the poliovirus multiplies in the intestines and is spread through the faeces. The virus is intermittently excreted for one month or more after infection. Communicability of infected children is highest just prior to the onset of paralysis and during the first two weeks after paralysis occurs. Protective immunity against poliovirus infection develops by immunization or natural infection.

Polio usually begins with common symptoms such as fever, headache, nausea, fatigue, and muscle pains and spasms and is followed by a more serious and permanent paralysis in one or more limbs. More than half of all polio cases occur in children under the age of five. Between 5 and 10 percent of infected persons display only the most general symptoms while more than 90 percent show no sign of illness at all.

Polio vaccine is highly effective in producing immunity to the poliovirus and protection from paralytic polio. Approximately 90 percent or more of polio vaccine recipients develop protective antibodies to all three poliovirus types after two doses, and at least 99 percent are immune following three doses. Dr. Albert Sabin developed Oral Polio Vaccine (OPV). Presently, almost all countries use OPV to achieve polio eradication target. The vaccine not only prevents pernicious infection in the person, but it also precludes transmission of the wild poliovirus to other person. Since polio virus cannot survive outside a host for more than two weeks, theoretically it would be wiped out, resulting in the eradication of poliomyelitis.

For those who infected by the polio virus, there is no cure as such but there is treatment to alleviate the symptoms. Besides this, the affected persons can also be rehabilitated with the help of modern mobility aids. Heat and physical therapy can help to stimulate the muscles of infected persons and antispasmodic drugs are prescribed to relax the muscles. While this can improve mobility, it cannot reverse permanent polio paralysis.

India launched the Pulse Polio Immunization (PPI) programme in 1995 as a result of the WHO Global Polio Eradication Initiative. Under this programme, all children under five years are given two doses of Oral Polio Vaccine (OPV) in December and January every year until polio is eradicated. The campaign proved to be successful, and the incidence of poliomyelitis in India has decreased dramatically.

The PPI was initiated with an objective of achieving hundred percent coverage under OPV. It aims to reach the unreached children through improved social mobilization, plan mop-up operations in areas where poliovirus has almost disappeared and maintain high level of morale among the public.

Key Components of Pulse Polio Immunization Programme

Polio has been eradicated from most of the world using several key strategies. Each of the following strategies is important components in the National Polio Eradication Programme:

- (a) Routine Immunization: Sustaining high levels of coverage with 3 doses of oral polio vaccine in the 0-1 year age group.
- (b) Supplementary Immunization Activities (SIAs): Simultaneous administration of oral polio vaccine to all children in the age group of 0-5 years, 4-6 weeks apart to interrupt wild poliovirus transmission and to increase immunity amongst children.

SIAs include:

- ❖ National Immunization Days (NIDs) when the entire country is covered
 - ❖ Sub National Immunization Days (SNIDs) when some states or parts of states are covered.
 - ❖ Mop-ups are conducted, as soon as possible after identification of the virus as an end game strategy to interrupt transmission.
- (c) Surveillance and investigation of cases of acute flaccid paralysis (AFP)
 - ❖ Surveillance data is used to identify areas of wild poliovirus transmission and to guide immunization activities.

Exercise

1. Volunteer a pulse polio immunization camp.
2. Prepare a checklist of the activities conducted at a pulse polio programme.

Assessment

Short Answer Questions

1. What is pulse polio immunization?

2. What are the key components of pulse polio immunization programme?
-

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

1. Differentiate between the key components of pulse polio immunization programme.

Part B

Discussed in class the following:

1. What is pulse polio immunization?
2. What are the key components of pulse polio immunization?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate the knowledge of the key components of the pulse polio immunization programme.		

UNIT – 6

COMMUNICATION ATWORKPLACE

Learning Outcomes

Unit 6 COMMUNICATION AT WORKPLACE				
Location Classroom/ Industry/ Organiza- tion Hospi- tal.	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Identify elements of Communication	- Describe different elements of communication. - Explain how to provide effective feedback.	- Identify element of communication. - Describe the knowledge of effective communication.	Interactive Lecture: - Verbal and Non-verbal communication. - Elements of Communication and Communication Cycle. Activity: - Drawing a Communication Cycle Role Play
	Demonstrate effective communication skills.	- Describe the factor affecting effective communication, listening, managing stress, emotional awareness etc. - Describe static and dynamic features of verbal communication. - Describe the various factors acts as barriers in communication.	- Speak with clarity emphatic tone etc. maintaining rhythm. - Demonstrate the knowledge of communicating effectively in different scenario of conversations between patient and Patient Care Assistant.	Interactive Lecture : - Factors affecting Effective Communication. Activity: - Role play on communicating effectively in different scenario of conversations between patient and Patient Care Assistant.

Session 1: Describe Elements of Communication

Relevant Knowledge

The term 'communication' originates from the Latin word "communicare", which means to share or impart. When used as per its function, it means a common ground of understanding. Communication is the process of exchanging of facts, ideas and opinions and a means that individuals or organisations use for sharing meaning and understanding with one another. In other words, it is the transmission and interaction of facts, ideas, opinions, feelings or attitudes. It is also a means of interacting linguistically in an appropriate way in a range of societal, cultural and work context. It is the use of messages to produce meaning within and across a variety of contexts, cultures, methods and media. It is an important way through which facts, ideas, experiences and feelings are shared and exchanged.

Primates and other animals have been communicating without the use of language since long before humans invented verbal communication. Humans communicate both verbally and non-verbally. Verbal communication includes written and oral communication, whereas non-verbal communication includes body language, facial expression and pictures. Written communication is an effective tool for recording, reporting and management. The recording and reporting of information should be done in a systematic way. Our own beliefs, values and behaviour interact with each other and it reflects in our style of communication.

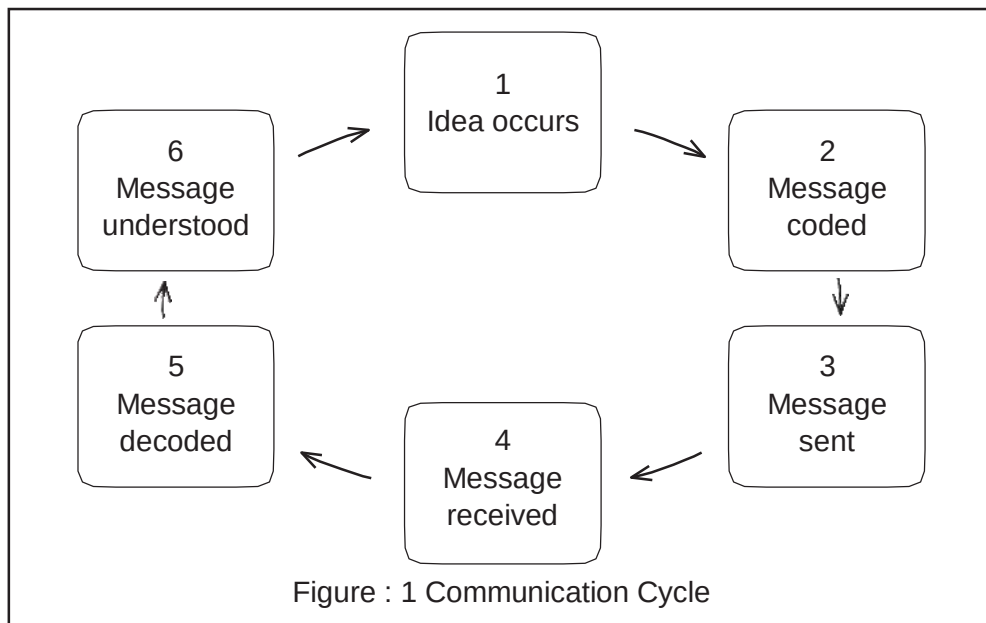
Communicating in an effective manner, irrespective of the mode of communication used is a skill. Effective communication occurs only if the receiver understands the exact information or idea that the sender intended to transmit. It involves the use of proper equipment, providing information to the appropriate people and carrying out communication effectively. Breakdown in communication is either due to lack of skills in communicating or lack of coherent thought process. It can also happen due to the breakdown of the communication network. In this Unit you will learn about communication cycle, the various forms of communication barriers and how to communicate effectively.

Different Elements of Communication

Communication has three important parts – transmitting, listening and feedback. The sender transmits the message through one medium or another. The receiver listens to the message and then conveys his understanding of the message to the sender in the form of feedback to complete the communication cycle. The process of conveying a message is complete only when the person receiving it has understood the message in its entirety.

To understand the communication process better we need to familiarize ourselves with the communication cycle (Fig.1). Let us now try to understand what we mean by communication cycle.

The communication cycle in essence is the process of communication. The “sender” “encodes” the message into words and sent the coded message as he/she speaks or writes the “message” out. Message is conveyed through channels including telephone, video-conferencing, letters, emails, meetings, memos, records and reports. It is then “decoded” by the “receiver” by hearing or reading the message in order to understand what the sender wants to convey.



In an effective communication cycle, the receiver understands the language and the message in the same way that the sender meant it to be. The words, tonal quality, body language, all convey the same message and nothing gets distorted or lost in the process of sending it and the receiver is able to relay back exactly what was intended to be conveyed to him/her. Let us look at each of the elements of the communication cycle individually.

- **Sender:** The sender gives or encodes the message, for example the sender greets a visitor or a client by saying “Good morning Sir/Madam”.
- **Message:** The message in this case is “Good morning Sir/Madam”, which is also known as the content of the communication.
- **Medium:** It is the channel used for communication. It may-be in any of the following forms – verbal, non-verbal, pictorial, symbolic or written.
- **Receiver:** The receiver decodes the incoming message, or expression, translates and presents an output in the form of a response or reaction.
- **Feedback:** How the receiver responds or reacts is known as feedback. It is the effect, reply or reaction to the information being transmitted.

Communication is understood and acted upon at different degrees of effectiveness. A communication is effective when the experience of both the communicator and receiver is satisfying and the goal of the interaction is achieved and vice-versa.

Six essential principles of an effective communication are as follows:

1. The information should be delivered in a clear message.
2. Message should be delivered timely.
3. Message should be complete.
4. Message should be concise.
5. Message should be factual.
6. Message should be accurate.

Providing Feedback

Feedback conveys to the sender, the effectiveness of his/her communication. For individuals who are not trained in communication skills, providing feedback is unconscious. However, when individuals are trained in communication, feedback is a tool for both the listener and the sender to make the communication effective. Similarly, the listener has the opportunity to respond (thus giving feedback to the sender) with a clarification to ensure the accuracy of listening. Therefore, in order to ensure that the discrepancy between what is spoken and what is understood is minimal, the communication should not only be accurate, brief and clear, but adequate feedback should be sought or provided.

Feedback is also a way of helping another person to consider changing his behaviour. For instance, in the case of mobile service operators, there is a system of feedback through Short Service Message (SMS) and Electronic Mails (Emails), which helps the company and also the individual at the customer care centre to improve upon the communication and relationship with the customer.

Giving and receiving feedback are skills that can be learnt. Let us now look at the characteristics of feedback. Some of the characteristics of feedback are as follows:

- **It is descriptive, rather than evaluative:** Descriptive feedback mentions the behaviour that needs to change, whereas evaluative feedback makes judgments which do not help in changing behaviour. For example, “Please get all the columns filled in by the visitor in the logbook every time a visitor enters the gates” is a descriptive feedback, whereas “You are irresponsible as you did not get the columns filled in by the visitors.” is an example of evaluative feedback.
- **It is specific, rather than general:** The feedback should be specific as the receiver should know specifically the area that needs to be handled. For example, if the sender says, ‘Please update the records’, the message is too general and does not indicate what is to be specifically done in record keeping. On the other hand, if the sender says “Please get all the columns filled in by the visitor in the logbook every time a visitor enters the gates” then the receiver knows that he/she is supposed to get all the columns filled in by the visitors.
- **It is directed to changeable behaviour:** Feedback that suggests alternative ways of behaving allows individuals to choose and own the changed behaviour. This ensures that the behaviour change is permanent. For example, saying “A

useful way of filling up of the visitor's logbook is to get the visitor to fill it, while you observe to ensure the accuracy" enables the person to take initiative and either follows the suggestion or come up with their own way of getting it done.

However, saying, "You should be more prompt in record keeping" or "The real problem is that you are not prompt" does not provide options to the listener to change to the desirable behaviour.

- **It is solicited, rather than imposed:** Feedback is most useful when the receiver himself/herself has formulated the kind of questions, which those observing him/her can answer.
- **It is well-timed:** In general, feedback is most useful if it is timely or given at the earliest opportunity.
- **It is checked to ensure clear communication:** In order to check whether the receiver has been conveyed the message clearly, the receiver can be asked to rephrase the feedback he/she has received to see if it corresponds to what the sender has in mind.

Three aspects that you should always consider while giving a constructive feedback are as follows:

- (i) Give neutral and honest (stick to facts) observations.
- (ii) Propose an alternative or give examples to prove your point.
- (iii) Show the benefits of the alternative.

Three aspects of feedback that you should always consider while receiving feedback are as follows:

- (i) Listen carefully what the other person has to say.
- (ii) Ask questions, if you need any clarifications.
- (iii) Do not become defensive or emotional.

Exercise

1. Listen to the English programmes on radio.
2. Read newspapers daily.

Assessment

Answer the following questions:

1. What is communication?

2. State the different elements of communication?

3. What are the six essential principles of effective communication?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Differentiate between the six essential principles of an effective communication.
- 2. Differentiate between Sender, Message, Medium, Receiver.

Part B

Discussed in class the following:

- 1. What is communication?
- 2. What are the different elements of communication cycle?
- 3. Why understanding communication cycle is important for effective communication?

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate the knowledge of application of different elements of communication.		

Session 2: Demonstrate Effective Communication Skills

Relevant Knowledge

Effective communication helps us better understand a person or situation and enables us to resolve differences, build trust and respect, and create environments where creative ideas, problem solving, affection, and caring can flourish. As simple as communication seems, much of what we try to communicate to others, and what others try to communicate to us gets misunderstood, which can cause conflict and frustration in personal and professional relationships. By learning these effective communication skills, you can better connect with your spouse, kids, friends, and coworkers.

Effective Communication

In the information age, we have to send, receive, and process huge numbers of messages every day. But effective communication is about more than just exchanging information. It is also about understanding the emotion behind the information. Effective communication can improve relationships at home, work, and in social situations by deepening your connections to others and improving teamwork, decision-making, and problem solving. It enables you to communicate even negative or difficult messages without creating conflict or destroying trust. Effective communication combines a set of skills including nonverbal communication, attentive listening, the ability to manage stress in the moment, and the capacity to recognize and understand your own emotions and those of the person you are communicating with.

A speech that is read, for example, rarely has the same impact as a speech that is delivered (or appears to be delivered) spontaneously. Of course, it takes time and effort to develop these skills and become an effective communicator. The more effort and practice you put in, the more instinctive and spontaneous your communication skills will become.

Effective Communication Skills # 1: Listening

Listening is one of the most important aspects of effective communication. Successful listening means not just understanding the words or the information being communicated, but also understanding how the speaker feels about what they are communicating.

Effective listening can make the speaker feel heard and understood which can help build a stronger, deeper connection between the speaker and the listener.

Create an environment where everyone feels safe to express ideas, opinions, and feelings, or plan and problem solve in creative ways.

Save time by helping clarify information, avoid conflicts and misunderstandings.

When emotions are running high, if the speaker feels that he or she has been truly heard, it can help to calm them down, relieve negative feelings, and allow for real understanding or problem solving to begin.

Tips for Effective Listening

If your goal is to fully understand and connect with the other person, listening effectively will often come naturally. If it does not, you can remember the following tips. The more you practice them, the more satisfying and rewarding your interactions with others will become.

- Focus fully on the speaker, his or her body language, and other nonverbal cues. If you are daydreaming, checking text messages, or doodling, you are almost certain to miss nonverbal cues in the conversation. If you find it hard to concentrate on some speakers, try repeating their words over in your head; it will reinforce their message and help you stay focused.
- Avoid interrupting or trying to redirect the conversation to your concerns, by saying something like, “If you think that’s bad, let me tell you what happened to me.” Listening is not the same as waiting for your turn to talk. You can’t concentrate on what someone’s saying if you are forming what you are going to say next. Often, the speaker can read your facial expressions and know that your mind’s elsewhere.
- Avoid seeming judgmental: In order to communicate effectively with someone, you do not have to like them or agree with their ideas, values, or opinions. However, you do need to set aside your judgment and withhold blame and criticism in order to fully understand a person. The most difficult communication, when successfully executed, can lead to the most unlikely and profound connection with someone.
- Show your interest in what is being said. Nod occasionally, smile at the person, and make sure your posture is open and inviting. Encourage the speaker to continue with small verbal comments like “yes”.

Effective Communication Skills # 2: Managing Stress

- When stress strikes, you cannot always temper it by taking time out to meditate or go for a run, especially if you are in the middle of a meeting with your boss or an argument with your spouse, for example. By learning to quickly reduce stress in the moment, though, you can safely face any strong emotions you are experiencing, regulate your feelings, and behave appropriately. When you know how to maintain a relaxed, energized state of awareness—even when something upsetting happens—you can remain emotionally available and engaged.
- In small doses, stress can help you perform under pressure. However, when stress becomes constant and overwhelming, it can hamper effective communication by disrupting your capacity to think clearly and creatively, and act appropriately. When you are stressed, you are more likely to misread other people, send confusing or off-putting nonverbal signals, and lapse into unhealthy knee-jerk patterns of behaviour.
- How many times have you felt stressed during a disagreement with your spouse, kids, boss, friends, or coworkers and then said or done something you later regretted? If you can quickly relieve stress and return to a calm state, you will not only avoid such regrets, but in many cases you will also help to calm the other person as well. It is only when you are in a calm, relaxed state that you will be able

to know whether the situation requires a response, or whether the other person's signals indicate it would be better to remain silent.

- Recognize when you are becoming stressed. Your body will let you know if you are stressed as you communicate. Are your muscles or your stomach tight and/or sore? Are your hands clenched? Is your breath shallow? Are you “forgetting” to breathe?
- Take a moment to calm down before deciding to continue a conversation or postpone it.
- Bring your senses to the rescue and quickly manage stress by taking a few deep breaths, clenching and relaxing muscles, or recalling a soothing, sensory-rich image, for example. The best way to rapidly and reliably relieve stress is through the senses: sight, sound, touch, taste, and smell. But each person responds differently to sensory input, so you need to find things that are soothing to you.
- Look for humour in the situation. When used appropriately, humour is a great way to relieve stress when communicating. When you or those around you start taking things too seriously, find a way to lighten the mood by sharing a joke or amusing story.
- Be willing to compromise. Sometimes, if you can both bend a little, you'll be able to find a happy middle ground that reduces the stress levels for everyone concerned. If you realize that the other person cares much more about something than you do, compromise may be easier for you and a good investment in the future of the relationship.
- Agree to disagree, if necessary, and take time away from the situation so everyone can calm down. Take a quick break and move away from the situation. Go for a stroll outside if possible, or spend a few minutes meditating. Physical movement or finding a quiet place to regain your balance can quickly reduce stress.

Effective Communication Skills #3: Emotional Awareness

Emotions play an important role in the way we communicate at home and work. It is the way you feel, more than the way you think, that motivates you to communicate or to make decisions. The way you react to emotionally driven, nonverbal cues affects both how you understand other people and how they understand you. If you are out of touch with your feelings, and do not understand how you feel or why you feel that way, you will have a hard time communicating your feelings and needs to others. This can result in frustration, misunderstandings, and conflict. When you do not address what is really bothering you, you often become embroiled in petty squabbles instead—arguing with your spouse about how the towels should be hung, for example, or with a coworker about whose turn it is to restock the copier.

Emotional awareness provides you the tools needed for understanding both yourself and other people, and the real messages they are communicating to you. Although knowing your own feelings may seem simple, many people ignore or try to sedate strong emotions like anger, sadness, and fear. But your ability to communicate depends on being connected to these feelings. If you are afraid of strong emotions or

if you insist on communicating only on a rational level, it will impair your ability to fully understand others, creatively problem solve, resolve conflicts, or build an affectionate connection with someone.

Emotional Awareness Helps you:

- Understand and empathize with what is really troubling other people.
- Understand yourself, including what's really troubling you and what you really want.
- Stay motivated to understand and empathize with the person you're interacting with, even if you do not like them or their message.
- Communicate clearly and effectively, even when delivering negative messages.
- Build strong, trusting, and rewarding relationships, think creatively, solve problems, and resolve conflicts.

Effective Communication Requires Both Thinking and Feeling

When emotional awareness is strongly developed, you will know what you are feeling without having to think about it-and you will be able to use these emotional cues to understand what someone is really communicating to you and act accordingly. The goal of effective communication is to find a healthy balance between your intellect and your emotions, between thinking and feeling.

Emotional Awareness is a Skill you can Learn

Emotional awareness is a skill that, with patience and practice, can be learned at any time of life. You can develop emotional awareness by learning how to get in touch with difficult emotions and manage uncomfortable feelings, including anger, sadness, fear, disgust, surprise, and joy. When you know how to do this, you can remain in control of your emotions and behaviour, even in very challenging situations, and communicate more clearly and effectively.

Applying Elements of Verbal and Non-verbal Communication

Verbal communication uses words as the medium of communication. An effective verbal communication is a two-way process; speaking and listening must occur. Usually verbal communication is in the one-to-one mode or one-to-one interaction.

An important factor in verbal communication at a distance is the fact that the two communicators are not facing each other. The sender can only use words and tone of voice to communicate with the receiver. Not being able to see the body language of the receiver is a disadvantage. It is very important to maintain accuracy, brevity and clarity in verbal communication. The sender should also ensure that he speaks clearly into the instrument and also conveys respect through his choice of words. Let us now see how we can speak clearly. The acronym RSTP is a useful guide for speaking clearly.

R - Rhythm – Maintaining rhythm while speaking is important for communicating effectively. Pauses in speech allow the speaker the time to think of his/her next thought, and also provide the listener enough time to process the information.

S – Speech – It is the act of delivering a formal spoken communication to an audience.

T – Tone – Tone is the quality of sound that portrays feelings or changes in meaning. A monotone delivery could indicate that a speaker is fed up. An emphatic tone might reveal interest or anger. The statement: "That is just great" delivered in a normal tone would mean the speaker likes something. A speaker delivering this statement in a sarcastic tone: "That is just GREAT" would mean the opposite.

P – Pitch – Pitch occurs because of the vibration of the human vocal cords. Changes in the tension of the vocal cords cause differences in pitch. Pitch in spoken language refers to the perceived frequency of sound. Higher frequencies of sound produce higher pitch than lower frequencies of sound. Usually, the pitch of women's voices is higher than that of men.

Non-Verbal Communication

It is the communication that uses physical parts of the body. It includes facial expressions, tone of voice, sense of touch, sense of smell, and body movements. By understanding the important aspects of non-verbal communication or body language, you can learn to read people more easily. Argyle and his associates have been studying the features of non-verbal communication that convey information. The following summarizes their findings:

(a) Static Features

1. **Distance:** The distance one stands from another frequently conveys a non-verbal message. In some cultures it is a sign of attraction, while in others it may reflect status or the intensity of the warmth or feeling. In India, a foot away from another person is considered as a respectful distance while communicating.
2. **Orientation:** People may present themselves in various ways: face-to-face, side-to-side, or even back-to-back. For example, cooperating people are likely to sit side-by-side while competitors frequently face one another. In the security sector, face-to-face orientation is common.
3. **Posture:** Your posture conveys message. For example if you are sitting on a chair with your legs crossed or your arms folded, then such postures convey a degree of relaxation in the communication exchange. For a security officer on duty, there are only two acceptable postures – attention and stand-at-ease.
4. **Gestures with Hands and Arms:** Shaking hands, touching, holding, embracing or patting on the back, all convey messages. They all reflect an element of intimacy. For instance, in case of people who have to be escorted out of the premises, physical contact can involve touching the hand or the shoulder to emphasize the message of moving from that area.

(b) Dynamic Features

1. **Facial Expressions:** A smile, frown, raised eyebrow, yawn, and sneer all convey information. Facial expressions continually change during interaction and are

observed constantly by the recipient. There is evidence that the meaning of these expressions may be similar across cultures. Smiling is considered to be pleasant and helpful. A frown conveys confusion and at times anger. Raised eyebrows, yawn, a sneer are all unacceptable body language, as they reflect anger or ignorance.

- 2. **Gestures:** One of the most frequently observed, but least understood cues is a hand movement. Most people use hand movements regularly when talking. Hands at the side or at the back are considered non-threatening, encouraging and acceptable.
- 3. **Looking:** A major feature of social communication is eye contact. Eye contact is crucial for effective communication. The frequency of contact may suggest either interest or boredom. For example, a Security Officer should look straight into the eyes of the person, although pleasantly and affably.

(c) Pictorial Communication

It includes communicating with signs like traffic signals, the 21-gun salute, horns, sirens, etc. For example, the sign of 'stop' tells you to stop at the given point, the sign of two children with school bags indicate the school zone, the sign of U-turn tells you to take a U turn, and the sign of a person crossing the road indicates the place where you can cross the road.



Figure: 2

(d) Symbolic Communication

Symbolic communication uses symbols that signify religion, school, status, affiliation, communication devices, etc. Given below are some of the symbols used for symbolizing various communication devices.

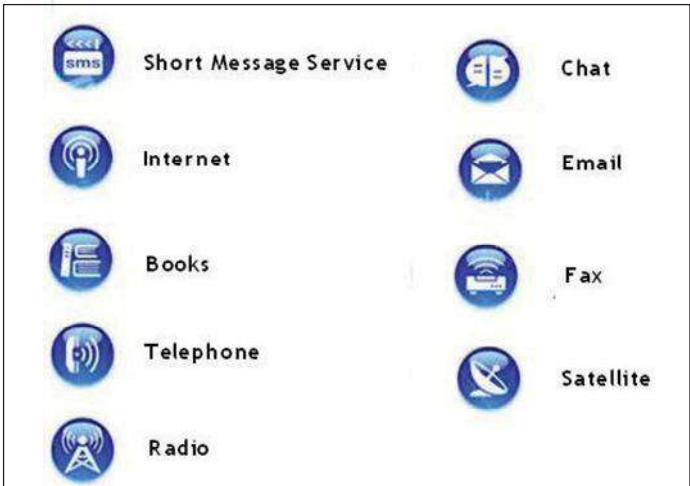


Figure: 3

Applying Principles of Effective Communication

The principles of effective communication can be categorized as 7 C's, which are applicable to both written as well as oral communication. Let us now try to understand them one by one.

1. **Clarity:** Clarity is of utmost importance and communication by hospital support staff should have a definite purpose for communication.
2. **Comprehensive:** Little knowledge is dangerous and, therefore, it is imperative to include all the necessary facts and background information to support the message while communicating, more so, in hospitals. Totality of communication is integral to the process.
3. **Conciseness:** Brief and short pieces of communication ensure effective communication, however, one needs to keep in mind the reader's knowledge of the subject and their time constraints. Information should be conveyed as quickly and easily as possible.
4. **Concreteness:** This element needs to be used with utmost care as it could lead to confusion. The message needs to be based on facts and be real.
5. **Courtesy:** Keeping the ambience of hospital in mind, courtesy needs to be given due credit for patient may arrive at hospital in a state of distress or traumatized.
6. **Correctness:** It is of utmost importance that all pieces of information released by hospital support staff are checked to ensure that it is accurate and timely. Double checking all information whether written or verbal, will ensure right communication occurs all the time.
7. **Coherence:** Logic and rationale need to be used while communicating. A delicate balance needs to be stroked in order to ensure effect communication. Sound and consistent communication will ensure that patient comes back.

Barriers in Communication

We learnt about the communication cycle and the feedback in the previous sessions. Let us now try to understand the various factors that not only influence communication, but may also act as barriers or deterrent to an effective communication. These factors can be broadly categorized as environmental, attitudinal, system design, individual linguistic ability, poor retention, inattention and emotional state. We will also look into some of the possible measures that you may adopt as solution(s) to overcome the barriers.

a. Environmental Factors

Environmental factors that affect communication include noise and physical obstacles like distance and lack of proper instruments for communication.

- 1) **Noise:** Noise causes stress. Background noise and excessive echo are great distracters to listening, especially for the persons with poor concentration. Similarly use of loud speakers, noise from generators or other machinery interferes with communication.

Solution: Removing noise elements or sound proofing the area of verbal communication will improve communication. For example sound proofing is done in studios for sound isolation and noise blocking.

2) Physical Obstacles: Physical obstacles like distance and use of defective instruments for communication affects the effectiveness of communication. Poor lighting, uncomfortable seating arrangements and unhygienic room also affect communication.

Solution: Development of expertise in using instruments like telephone, fax machine and computers can help to overcome the barriers of distance. Checking the instrument before using it for communication is useful in avoiding unpleasant situation.

B. attitudinal Factors

Attitudinal factors that affect communication include cultural compulsions, fear of upsetting others, fear of rejection or ridicule like “Don’t speak unless you are asked to”, feeling responsible for the other person, circle of musts (ought to, must, have to), and low self image.

Solution: Personality development training sessions can help you to develop abilities for removing attitudinal barriers and to make your communication effective.

C. System Design

1 Time: Some functions are time sensitive and cannot be delayed. They however, may cause other procedures to be completed in haste and as a result communication could be hampered. Time pressures affect the ability to communicate.

Solution: Manage your time and pace of communication to ensure effectiveness.

2 Information Overload: Overloading a person with a pool of information may result in confusion, misinterpretation and loss of information.

Solution: Control information flow and document them, else the information is likely to be misinterpreted, forgotten or overlooked.

3 Complexity in Organisational Structure: Greater the hierarchy in an organisation (i.e. more the number of managerial levels), more are the chances of communication getting misinterpreted or destroyed.

Solution: Keeping the levels few and ensuring systematic flow of information will reduce the problem of distortion in communication or communication breakdown.

D. Individual Linguistic Ability

1 Individual Characteristics: Individual characteristics include biological factors like lisping (a speech disorder characterized by the inability correctly pronounce the sounds of ‘s’ for ‘z’, known as sibilant consonants), and educational factors like proficiency in language. Individual differences in terms of the knowledge of vocabulary, grammar, etc. affect communication effectiveness.

Solution: Education and training in standard language scripts and their usage can reduce individual differences in linguistic ability.

2. Perceptual and Language Differences: Perception is generally how each individual interprets the world around him. Communication distortion occurs if there is wrong perception about the message.

Solution: Rephrasing communication and checking for understanding helps in reducing barrier due to perceptual differences.

E. Poor Retention

Human memory cannot function beyond a limit. One can't always retain what is being told, especially if he/she is not interested or not attentive. This leads to communication breakdown.

Solution: Use of notes, written messages, e-mails, etc. should be made to avoid communication breakdown.

F. Inattention

At times we do not listen, but only hear, especially when there are more important things to be taken care of. For instance, if a visitor comes to you at the same instance when you are answering the phone, then it is important to excuse yourself from the person on the phone so that exclusive attention can be given to the visitor or you may request the visitor to wait for some time.

Solution: Use of numbering system helps in giving individual attention. Avoid jumping from one message to another without completing the former.

G. Emotional State

Emotional state at a particular point of time also affects communication. For example, if you are shocked for whatever reasons, you may not be able to express yourself as you are in unstable state of mind.

Solution: Managing emotions enables appropriate and effective communication.

Exercise

- 1. Identify the main barriers that you have encountered during the communication with your teacher.

- 2. Write the solutions that you would like to adopt to overcome the barriers that you faced during the communication with your teacher.

3. List all the barriers that you have faced while communicating with your friends in a birthday party.

4. Read the following conversation that takes place between the patient/visitor and the receptionist at the hospital.

Patient

- I need to make an appointment.
- I need to see the Doctor.
- When is the Doctor free?
- I need to renew my prescription.
- I need to make an appointment for my husband/wife/child.
- My child needs to come in for a check-up.

Receptionist

- What is your chart number?
- What is the appointment regarding?
- Which day/what time is good for you?
- I'm sorry the doctor is not taking new patients.
- We'll call you if there are any cancellations.

5. **Role Play:** Read the following conversation that takes place between Receptionist and Caller at a Hospital.

Sample Conversation

Receptionist:	Nisha speaking. How can I help you?
Caller:	I need to make an appointment with Dr. Mehrotra.
Receptionist:	No problem. What is your name, please?
Caller:	I am Abhijit.
Receptionist:	Okay Mr Abhijit. Hold for a moment.
Caller:	Sure.
Receptionist:	Thanks for waiting. Now, what do you need to see the doctor about?
Caller:	Well, I am suffering from cold for more than a week, and I think I might have a chest infection. I want to consult a doctor.
Receptionist:	OK! Doctor Mehrotra is off tomorrow. Do you think you can wait until Thursday?
Caller:	Oh, I was really hoping to get in today, in case I need some antibiotics. May be you can suggest the name of another Doctor.
Receptionist:	OK! You can come today at 3:30 pm as Doctor Soni is available at that time.
Caller:	Thank you very much. I will be there at the Hospital.

Now imagine that you are a Personal Care Assistant (PCA) and you are dealing with a patient. Write down the conversation that generally takes place between them for administering medicine, grooming, bathing, dressing, medical waste management, shifting to another bed, etc. Enact this with your friends before a group / audience and take their feedback.

Assessment

Short Answer Questions

1. What is effective communication?

2. State the difference between verbal and non-verbal communication.

3. Enlist the 7C's principles of an effective communication?

Checklist for Assessment Activity

Use the following checklist to see if you have met all the requirements for assessment activity:

Part A

- 1. Differentiate between verbal and non-verbal communication.

Part B

Discussed in class the following:

- 1. What is effective communication?
- 2. Why understanding of 7C's is important for effective communication?
- 3. Difference between verbal and non-verbal communication.

Part C

Performance Standards

The performance standards may include, but not limited to:

Performance Standards	yes	No
Demonstrate the knowledge of communicating effectively in different scenario of conversations between Patient and Patient Healthcare Assistant.		

Glossary

1. **Active Listening:** It is a process of analyzing and evaluating what another person is saying in an effort to understand the true meaning of the message.
2. **Activities of Daily Living:** An index or scale which measures a patient's degree of independence in bathing, dressing, using the toilet, eating, and moving from one place to another.
3. **Acute Care:** Medical treatment rendered to individuals whose illnesses or health problems are of a short-term or episodic nature.
4. **Administrative Control:** A method of controlling employee exposures by job rotation, work assignment, or training in specific work practices designed to reduce the exposure.
5. **Ambulatory Health Care:** A type of health care service provided without the patient being admitted. It is also called outpatient care.
6. **Ancillary Services:** A supplementary services which may use laboratory, radiology, physical therapy, and inhalation therapy that are provided in conjunction with medical or hospital care.
7. **Anesthetic Agent:** A drug used to reduce or abolish the sensation of pain, e.g. halothane and isoflurane.
8. **Antibiotic:** A substance produced by or derived from certain fungi, bacteria, and other organisms.
9. **Antineoplastic Drugs:** Drugs used in the treatment of cancer and other tumors.
10. **Bacteria:** Bacteria are microorganisms too small to see with the naked eye that exists in virtually all environments in the world. They exist in dirt, water, caves and hot springs, organic materials like fallen trees and dead animals, and inside the bodies of virtually every living animal on earth.
11. **Bloodborne Pathogens:** Means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
12. **Communication:** The process by which a person, group, organization (the sender) transmits some type of information (the message) to another person, group, organization (the receiver). It is derived from the Latin word 'communis' meaning to share.

13. **Community:** A society where people's relations with each other are direct and personal and in mutual bonds of emotion and obligation.
14. **Courtesy:** It is the name of a social behaviour that extends respect to another human being, by giving him/her the right to act first.
15. **Custodial Care:** The basic care provided on a 24 hour basis that meets an individual's basic physical needs; simple assistance or total care may be needed.
16. **Depression:** A condition of mental disturbance, typically with lack of energy and difficulty in maintaining concentration or interest in life.
17. **Disorder:** A lack of order or regular arrangement or confusion.
18. **Emergency:** A serious, unexpected, and often dangerous situation requiring immediate action.
19. **Ergonomics:** The applied science of equipment design, as for the workplace, intended to maximize productivity by reducing operator fatigue and discomfort.
20. **Evaluative Feedback:** When feedback judges the effect of a communication in terms like 'good', 'bad', 'average', 'correct', 'right', 'wrong', it is called 'evaluative feedback'.
21. **Extended Care Facility:** A facility in which patients are care for after hospitalization.
22. **Feedback:** It is an element of communication which indicates the completion and the extent of completion of the communication cycle. It provides information to the sender on the receipt of his message. It could be in the form of another message that conveys to the sender that his message has been received and understood, or it could be in the form an action by the receiver, which informs the sender that the message has been received and acted upon.
23. **First aid:** It is an immediate and temporary care given to a victim of an accident or sudden illness before the services of a physician is obtained.
24. **Formal Communication:** It is that which is connected with the formal organizational arrangement and the official status or the place of the communicator and the receiver. Formal communication is mostly recorded in some form for future reference.
25. **Gatekeeper:** A primary care physician or his/her staff who is responsible for determining when and what services a patient can access or receive reimbursement.

26. **Gesture:** It is a hand movement that communicates a message. For example, a salute or a handshake is a gesture of greeting.
27. **Harassment:** It is feeling of intense annoyance caused by being tormented.
28. **Hazard:** Anything that might cause harm to a person.
29. **Healthcare Provider:** Healthcare professionals and institutions, including hospitals, clinics, laboratories, physicians, therapists, home health agencies, chiropractors, etc.
30. **Home Care:** Services provided by health professional's in an individual's place of residence on a per-visit or hour basis to patients or clinics who have or are at risk of an injury, illness, or disabling conditions or who are terminally ill and require short-term or long-term interventions by health care professionals.
31. **Hospice:** A health care facility or program for individuals dying from terminal illnesses.
32. **Hospital:** A healthcare facility that has a governing body, an organized medical and professional staff, and inpatient facilities and provides medical, nursing, and related services for injured patients.
33. **Informal Communication:** It arises out of all those channels that fall outside the formal channels. It is established around the societal affiliation of members of the organization. Informal communication does not follow authority lines, as in the case of formal communication.
34. **Informed Consent:** It refers to the requirement that a patient or resident be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins any such course.
35. **Long Term Care:** A set of health care, personal care and social services required by persons who have lost, or never acquired, some degree of functional capacity in an institution or at home on a long-term basis.
36. **Managed Care:** An organized system of health care that encourages providers to deliver the most appropriate care in the most effective manner. Managed care plans are also known as HMOs or coordinated health plans.
37. **Message:** Generally speaking, 'message' is the object of communication.
38. **Nursing Assistant:** An individual who gives basic nursing care under the supervision of a registered nurse or a licensed practical nurse; also called nurse's aide, nursing attendants, health care assistant and orderly.
39. **Nursing Home:** Includes a wide range of institutions which provides various

levels of maintenance and personal or nursing care to people who are unable to care for themselves and who have health problems which range from minimal to very serious.

40. **Organization:** Hierarchically organized group of people so large that personal relationships with every member of the group are impossible.
41. **Organizational Communication:** Communication between and among the individuals and groups which make up an organization.
42. **Organizational Structure:** The formal configuration between individuals and groups with respect to the allocation of tasks, responsibilities, and authorities within organizations.
43. **Other Potentially Infectious Materials:** Means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
44. **Safety:** The condition of being protected from or unlikely to cause danger, risk, or injury.
45. **Sentence:** A sentence is a group of words which makes a complete sense.
46. **Sharps:** Any object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
47. **Sign:** Something that stands for or represents something else and bears a natural, non-arbitrary relationship to it.
48. **Symbol:** Representation of an idea.
49. **Team:** A group whose members has complementary skills and is committed to a common purpose or set of performance goals for which they hold themselves mutually accountable.
50. **Triage:** Classification of ill or injured persons by severity of conditions, most commonly occurs in emergency room.
51. **Virus:** A virus is a small infectious agent that replicates only inside the living cells

of other organisms. Viruses can infect all types of life forms, from animals and plants to bacteria and archaea.

- 52. **Volunteer:** A person agreeing to provide service outside the scope of his/her employer and/or employed position, without additional or specific compensation for the voluntary commitment.
- 53. **Vulnerability:** The likelihood of an organization being affected by a hazard, and its susceptibility to the impact and consequences (injury, death, and damage) of the hazard.
- 54. **Warning:** Dissemination of notification message signaling imminent hazard which may include advice on protective measures.



CENTRAL BOARD OF SECONDARY EDUCATION

Shiksha Kendra, 2, Community Centre, Preet Vihar, Delhi-110092

Tel.: 011-22527183, 22421437, • Fax: 011-22526580

Website: www.cbse.nic.in