**Learning Objectives**

By the end of this unit, the participants will be able to:

- Demonstrate proper use of the CHBC kit.
- Identify and demonstrate ways to prevent general infections and pressure sores.
- Describe and demonstrate ways to handle body fluids and prevent HIV infection.
- Describe and demonstrate how to assist clients with their personal hygiene.
- Provide physical therapy to clients.
- Provide end of life care and support for PLWHA and their families.

**Training Methodology**

- Trainer presentation
- Brainstorming and illustrated brainstorming
- Group discussion
- Game
- Demonstration/Return demonstration
- Illustrated lecture
- Role play
- Small buzz groups
- Question and answer
- Classroom practicum
Content

9.1 The CHBC Kit
- Items in CHBC kit and their uses

9.2 Infection Prevention
- Preventing general infections
- Handling body fluids and preventing HIV infection

9.3 Basic Personal Hygiene
- Bathing and hair washing
- Mouth, nail, and toilet care

9.4 Preventing Pressure Sores
- Pressure Sores

9.5 Physical Therapy for the Client
- Physical Therapy

9.6 Care in the Final Stages of Life
- Support during the final stages of life
- Care of the body after death

9.7 Nursing Skills Practice

Time Needed: 9 hours, 30 minutes

Materials Needed
- CHBC kits for each CHW
- Gloves or plastic bags (one pair for each participant)
- Bleach and water
Cloth/bedsheet
• Bucket, towel, soap, and sponge
• Toothpaste, cup, toothbrush or tooth stick, and basin (large plastic bowl)
• Flipchart
• Markers
• Tape
• Basket
• Paper
• Scissors
• Small prizes

- Trainer’s Tool 9.1: Illustrated Brainstorming on Infection Prevention
- Trainer’s Tool 9.2: Making 0.5% Bleach Solution
- Trainer’s Tool 9.3: Illustrations of Physical Therapy Exercises

Note to Trainer: Ensure that there are sufficient amounts of materials listed above for 2 groups to carry out each nursing activity at the same time during the classroom practicum (including preparing the body after death).
Work for the Trainer to Do in Advance

- Copy key points under Session 9.1, Activity 1 on flipchart.
- Gather all necessary materials for demonstrations, role plays, and classroom practicum.
- Make sure CHBC kits are assembled for each participant.
- Draw on a large piece of flipchart a picture that includes a small group of people, house, and compound/living area. (See Trainer’s Tool 9.1: Illustrated Brainstorming on Infection Prevention).
- Write the following problems on slips of paper, fold them up, and put them in a basket:
  - The client loses control of bladder.
  - The client was unconscious most of the day.
  - The client’s family does not want to accept that the client is dying.
  - Members of the family are angry with the client for getting infected.
  - Orphaned children are going to be left behind.
  - Funeral expenses cannot be paid.
  - The deceased husband’s brother is planning to take over the household and possessions, instead of them going to the children.
- Set up classroom practicum stations including any props or materials that are needed.
SESSION 9.1: THE CHBC KIT

Introduction

ACTIVITY 1: TRAINER PRESENTATION (10 MIN.)

The trainer should:

- Tell participants that this unit will cover basic nursing care.
- Ask participants to brainstorm the nursing needs of PLWHA. Participants who have had experience caring for someone with HIV/AIDS should draw on their experience.
- Write answers on flipchart.
- Use the content below to supplement participants’ answers.
- Using the prepared flipchart, review the key points of the unit.

The nursing care that PLWHA need can be quite extensive, ranging from preventing general infections and assisting with personal hygiene to providing care during the final stages of life.

Key Points

In this unit, we will cover the following key points:

- CHBC kit: items and their uses.
- Preventing general infections in PLWHA.
- Proper handling of body fluids to prevent HIV infection.
- Personal hygiene: bathing and hair washing, mouth care and nail care, helping clients go to the toilet.
- Prevention and care of pressure sores.
Physical therapy.

Care in the final stages of life.

Taking care of actual infections and illnesses related to HIV/AIDS is covered in Unit 10: Managing and Treating AIDS-Related Conditions. This unit presents in detail:

- How to do each nursing task.
- Why each task is important.
- The materials and resources required.

The CHWs will learn each of these skills and then be able to teach them to PLWHA and their caregivers in the home. None of these skills are too difficult for caregivers to learn and do well.
ACTIVITY 2: TRAINER PRESENTATION (20 min.)

The trainer should:

- Explain that to care for clients with HIV/AIDS, the CHW will need certain supplies and medicines. Therefore participants will receive a CHBC kit once they are certified. For now, participants will receive a practice kit so that they can learn how to use the supplies in the kit to provide basic care to PLWHA in the community.

- Distribute a kit to each participant.

- Ask them to open the kit and look at each item as you discuss it.

- Review the “essential” (must have) and the “useful” (would be helpful) items on the kit list below. Discuss what they are and what they should be used for. **Note to Trainer:** Ask participants first if they know what an item is used for. If participants do not know the answer then the trainer can give the information.

- Discuss which items are for the CHW to use and which items are to give to the family or PLWHA.

- Ask participants to brainstorm other things they think might be helpful in the kit.
The CHBC kit is a bag of supplies that can help the CHW give CHBC. The contents can change in different places based on:

- What medicines, supplies, and equipment are available.
- How much money there is to buy supplies.
- The needs of PLWHA.

Some of the items in the kit are for the CHW to keep with the kit, like the nail clippers; and others are to give to the families and clients, such as medicines and plastic sheeting. When certain items are not available or have run out, it is important to come up with a safe alternative. For example, if gloves are not available, strong plastic bags should be used instead. If bandages are not available, clean, bleached pieces of cloth can be used.

This kit must have:

- Bag—to hold all of the supplies.
- Soap—for general hygiene.
- Bleach—for disinfecting and cleaning surfaces, basins, and any item that has bodily fluids on it (never use directly on the client).
- Plastic sheeting—for bed baths to keep the client’s bed clean and dry.
- Condoms—to distribute widely to help prevent new HIV infections in the community.
- Gauze and cotton wool—to clean and cover sores and wounds.
- Bandages—to keep sores and cuts clean.
- Clean/bleached pieces of cloth—to keep sores and cut clean when bandages not available.
- Adhesive tape—to secure gauze.
- Gloves—to protect the client, CHW, and caregiver.
- Plastic bags—to protect client, CHW, and caregivers.
Petroleum jelly (Vaseline)—to give massages or keep wetness away from the skin to prevent rashes.

Nail clippers—to trim the client’s finger and toenails.

Scissors—to cut gauze.

Waste disposal bags—to safely dispose of contaminated items.

It is also very useful to have:

Thermometer—to check the client’s temperature for fever.

Toilet paper—to help with going to the toilet and keeping the client clean.

Apron—to keep the CHW dry and clean during bed baths or when handling body fluids.

Talcum powder—for massage (only when the client does not have open sores).

Umbrella and gum boots—to help the CHW get from house to house when it is raining.

Bucket—to mix bleach disinfection solution used for surfaces, bedding, and bandages.

Medicines for the CHBC Kit

Depending on national CHBC guidelines, these medicines should be in the kit:

Oral Rehydration Solution (ORS) packets—to prevent and treat dehydration for people with diarrhea or vomiting.

Aspirin and/or paracetamol—for general pain relief.

Gentian violet, hydrogen peroxide, and/or potassium permanganate—to rinse the mouth and keep skin clean.

Antibiotic skin ointment (such as bacitracin or tetracycline ointment)—to treat skin infections.
Calamine lotion—to ease itchy skin and sores.

Anti-malaria tablets—to treat clients with malaria.

Sodium benzoate—to treat oral thrush.

Anti-fungals (such as nystatin, fluconazole (Diflucan), and/or clotrimazole)—to treat yeast infections.

Cotrimoxazole—to prevent some OIs and treat infection.

Multivitamins—to help the client stay healthy.

Iron tablets—for anemia, especially for pregnant women.

Hydrocortisone ointment—for skin itching and eczema.

Nystatin oral drops—to treat thrush in children.

Saline eye drops—to soothe irritated, dry, or infected eyes.
SESSION 9.2: INFECTION PREVENTION

Introduction

ACTIVITY 1: TRAINER PRESENTATION (5 min.)

The trainer should:

✧ Use the content below to introduce the session.
✧ Explain that this session will focus on preventing general infections.
✧ Explain that PLWHA are very vulnerable to getting different infections because their immune systems are weakened, even PLHWA on ART. It is very important to take steps to avoid infections. This includes in and around the home as well as between the people who are in regular contact with PLWHA. CHWs, PLWHA, their family members, and other caregivers need to be aware of how to prevent general infections.
✧ CHWs also need to be aware of steps to take to avoid accidentally getting HIV through an infected person’s body fluids. This session will look at preventing general infections in clients and helping caregivers protect themselves from HIV infection.
Preventing General Infections

**ACTIVITY 2: ILLUSTRATED BRAINSTORMING (20 MIN.)**

The trainer should:

- Post up a piece of flipchart with a picture that includes a small group of people, a house, and a compound/living area. **Note to Trainer:** Flipchart should be prepared ahead of time using *Trainer’s Tool 9.1: Illustrated Brainstorming on Infection Prevention*.
- Ask participants to think of the ways that we can prevent infections from spreading among PLWHA and family members, friends, or the CHW (e.g., *washing hands*).
- Write answers next to the people in the picture.
- Ask participants for ways that we can prevent infections in the household (e.g., *drying dishes, keeping animals and flies away from dishes and food*).
- Write answers next to the house in the picture.
- Ask participants for ways that we can prevent infections in the compound or living area (e.g., *proper disposal of waste*).
- Write answers next to the compound/living area in the picture.
- Correct or supplement answers with content below.
- Hang flipchart on the wall so that participants can refer to it.

**General infections can spread in many different ways:**

- From person to person.
- From unclean surfaces to people.
- Through the air to people.
- Through water to people.
- From chickens, cats, dogs, and farm animals to people.
- From soil to people.
- From mosquitoes and flies to people.
CHWs need to know the ways infections can be passed and prevented. It is their job to then share this knowledge with clients and caregivers.

**Preventing infections in people:** includes protecting clients and the people who care for them. A person who is sick with HIV/AIDS has very little natural defenses against infections and other illnesses. Extra care should be taken to protect them from infection. The people who care for PLWHA who are not infected have stronger natural defenses, but can still be infected if they are not careful. These are some of the ways to prevent infections in people:

- Wash hands to make sure germs are not carried to and from PLWHA.
- Keep PLWHA’s nails short and clean to avoid scratches that can become infected.
- Keep the body clean and free of harmful germs.
- Keep clothes and bed sheets clean.
- Wash skin cuts and scrapes well with soap and water.

**Preventing infections in the household:** All of the ways noted below help prevent bacteria and viruses from growing and threatening the client and all people in the household with infection.

- Store food carefully.
- Wash and dry dishes well.
- Keep animals and insects away from dishes and food.
- Clean towels, bedding, and floors often.
- Clean the latrine/toilet area.

**Preventing infections in the compound or living area:** Having an unclean living compound can cause sickness, especially for the person with HIV/AIDS, but also for the others in the household and community. To prevent this:

- Remove animal droppings.
- Burn or bury waste.
- Cover water supply.
- Fill pools of standing water with dirt.
**Activity 3: Game (25 min.)**

The trainer should:

- Ask participants to sit in a circle and give each participant a plastic glove.
- Ask participants to put the glove on when they agree that gloves should be worn in a particular situation.
- Explain that if gloves are not available when working with clients, plastic bags can be used. The bags should be strong, not have any holes in them, and can be tied at the wrist.
- Read the scenarios below.
- After each statement, pause and note who has a glove on their hand.
- Ask those with a glove to explain the reason for their decision (i.e., why they think gloves are needed). Do the same for those without a glove.
- For those who said gloves are not needed, ask if they can think of examples when they might be needed in that situation (e.g., *normally gloves are not needed if you are holding someone’s hand to help them to the toilet. However, if the person has open sores on their hands, they might be needed*).
- Before moving on to the next statement, correct any misinformation using the content below.
- Ask participants to think of other times they should use gloves/plastic bags and times they should not.
- List the suggestions on flipchart.
- Ask if people agree and allow debate.
ACTIVITY 3: CONTINUED

- Summarize the discussion very carefully so there is no confusion about when to, and when not to wear gloves/plastic bags.
- Point out that gloves are expensive, and PLWHA benefit from human touch and feel more accepted when gloves are not used, so they should only be used when really necessary.

**Statements for Game:**

- Washing the upper body of a person living with HIV/AIDS. **No gloves/plastic bags**
- Taking care of a bleeding injury of someone with HIV. **Gloves/plastic bags**
- Cleaning and treating bedsores of a person living with HIV/AIDS. **Gloves/plastic bags**
- Washing a person living with HIV/AIDS. **No gloves/plastic bags**
- Changing a dry sheet of a person living with HIV/AIDS. **No gloves/plastic bags**
- Doing laundry with wet, blood-stained sheets of a person living with HIV/AIDS. **Gloves/plastic bags**
- Sitting next to a person living with HIV/AIDS and giving them a hug. **No gloves/plastic bags**
Activity 4: Trainer Presentation and Demonstration (20 min.)

The trainer should:

- Use the flipchart from the infection prevention brainstorming in Session 9.2, Activity 2.
- Using the items listed on the flipchart, go over detailed information below on preventing infection. For example, under preventing infection in the household, discuss how to disinfect and wash bed linens.
- Ask for a volunteer to help the trainer demonstrate how to make 0.5% strength bleach solution using locally available bleach (strengths may vary by location).
- Use Trainer’s Tool 9.2: Making 0.5% Bleach Solution, give directions to the volunteer as s/he demonstrates, while participants follow along in their Handbooks.
- Ask if there are any questions.
- Review what supplies the CHWs have in their CHBC kits to help them prevent infection.
- Summarize key points.

Note to Trainer: Liquid and powder bleach are manufactured with different strengths in different countries and regions. The trainer is responsible for learning the strength of the local bleach that people use and teaching people to make a 0.5% strength bleach solution with water. If this solution is not made correctly, it may be too weak to kill bacteria or viruses. (See Trainer’s Tool 9.2: Making 0.5% Bleach Solution).
When to Use Gloves

Gloves are to be worn in situations where it is necessary to prevent infection between the CHW and their clients. As discussed earlier, one of the CHW’s tasks is to help fight stigma and make PLWHA feel more accepted. Therefore gloves should only be worn when the CHW or caregiver is handling any type of bodily fluid or waste (e.g., blood, pus, fluids and waste from childbirth, feces, and urine) or when the client or CHW/caregiver has open sores that will come in contact with the other person. Gloves are expensive and PLWHA benefit from human touch, so do not use gloves unless they are really necessary.

Other examples of when gloves are needed are:

- Disposing of soiled gauze/bandages.
- Disposing of sanitary pads.
- Handling fluids or waste during childbirth.
- Any time the client or CHW has sores or cuts on their hands.

Disinfecting Surfaces and Materials

In addition to wearing gloves or plastic bags on your hands to prevent direct contact with harmful body fluids like blood and pus, it is important to remember that:

- You should protect your feet when cleaning body fluids spilled on floors.
- Any materials that caregivers or clients want to keep and reuse should be disinfected with bleach (kills most bacteria) and cleaned regularly. These include clothing, bedding, towels, and cloths for bandages. To do this, disinfect for at least 10 minutes with a bleach solution (see ratio in Trainer’s Tool 9.2: Making 0.5% Bleach Solution and in the Handbook), stir well in boiling water and detergent for at least 20 minutes, rinse well in clean water and hang the items in the sun to dry. The bleach will kill many of the germs, the boiling water and detergent will kill even more, and the sun will kill most of the rest.
- Materials and surfaces can be disinfected by mixing, bleach and water (according to the instructions in Trainer’s Tool 9.2: Making 0.5% Bleach Solution and the Handbook) and soaking for at least 10 minutes, then rinsing well.
Any materials used by clients that caregivers or clients cannot or will not reuse should be burned, buried, or thrown into a pit latrine. These include cotton wool, bandages, and sanitary pads. To make handling them safer, wrap in newspapers or plastic bags. Try to use newspapers if you must bury or throw them into a pit latrine; the paper will eventually rot, but the plastic bags will not.

**Supplies and Resources**

Depending on the specific body fluids, the CHW should have the following items in the CHBC kit to clean dirty items or surfaces:

- Gloves or plastic bags to use as gloves or on the feet (always wear shoes if possible).
- Soap or detergent.
- Container for dirty items.
- Clean water.
- 1 part bleach to 6 parts water, or the correct mix of bleach and water using local liquid or powder bleach.
- If the family does not have a suitable bucket, the CHW should bring one along.
SESSION 9.3: BASIC PERSONAL HYGIENE

Introduction

ACTIVITY 1: TRAINER PRESENTATION (10 MIN.)

The trainer should:

- Refer participants back to the beginning of the unit, when they brainstormed the nursing needs of PLWHA.
- Explain that this session is going to focus on one of those areas listed: basic personal hygiene.
- Using the content below, discuss the important points CHWs and other caregivers should follow as they assist PLWHA with personal hygiene.
- Ask if there are any questions or comments.

Personal hygiene is very important for the health and well-being of PLWHA. It helps PLWHA avoid infection and feel clean, fresh, and socially acceptable to others. Some important points to remember when working with PLWHA are below.

- Always encourage the client to do as much of their own care as possible, to build and maintain their self-respect and keep hope alive.
- Always discuss with the client as much as possible what should be done and how they would like to do it WITH you.
- Nursing care should be kept as simple as possible, doing only what is necessary for the client. This saves on materials, and time for the caregiver, and helps keep the dignity and comfort of the client.
Activity 2: Game (25 min.)

The trainer should:

- Present the concept of a bed bath using the content below.
- Ask participants to break into 3–4 groups.
- Ask each group to review the contents in their CHBC kits and take items out that they think will be needed for a bed bath. Remind them that they should only use what is absolutely necessary to get the job done, as supplies are scarce and costly. **Note to Trainer:** Each group should only use one kit.
- Ask each group to come up with any other items they may need that are not included in the kit, but that could be found in the home.
- Allow 10 minutes.
- Have each group present their answers, showing the items from their kit as they go.
- The group that has the most correct answers, wins a small prize.
- Summarize the groups’ answers and review the list of needed items below.
**Activity 3: Demonstration (20 min.)**

The trainer should:

- Ask participants, “Has anyone has given a bed bath to another person?” If so, ask them to share with the group how they performed this activity.
- Using a piece of flipchart, write simple key points of the bed bath using the content below. This will be used as a job aid later on during the practicum.
- Ask, “How do you care for pressure sores during a bath?” and note points on flipchart.
- Ask, “How might the bed bath be changed if someone was unconscious or unable to move?” and note points on flipchart.
- Ask for a volunteer to play a client. **Note to Trainer:** In some groups, participants may not be comfortable acting as a client who will receive a bed bath. If not, have another trainer play the client.
- Using the steps outlined below, demonstrate how to give a bed bath to a conscious client (have volunteer keep clothes on). Use props such as a bucket and towel to make it realistic.
- Say aloud each step as you perform it. For steps you do not perform, state aloud what you would do. (For example, “Now I would wash the genitals, then the anus of the client.”)
- Demonstrate how to take care of pressure sores during a bath.
- Ask if there are questions or comments.
- Summarize key points of giving a bed bath and treating pressure sores while participants follow along in their Handbooks.
- Explain that participants will have a chance to practice at the end of the unit during the practicum session.
Sometimes PLWHA are too sick to get out of bed to take a bath. While taking a few precautions to keep the bed and bedding dry, the caregiver can bathe them right in the bed, and the CHW can teach them to do this.

**Supplies and Resources for Bed Bath**
The bath can be given with less, but these things can all be helpful.

- Gloves or plastic bags
- Plastic or polythene sheet
- Large clean basin
- Wash cloths
- Clean water
- 2 bath towels or clean cloths
- Bar soap
- Plastic container for soiled bedding
- Toothbrush, toothsticks, toothpaste
- Scissors and razor blade
- Comb
- Clean linen and pajamas, if available

**Steps to Follow**
**For a person who is conscious and able to move some:**

- Permit the client to bathe him/herself as far as his/her condition allows, even leaving the room for a short time if the client is able to manage alone.
- Discuss with the client what should be done, what part they would like to play and what part you should play.
- Gather all the supplies needed and bring them within easy reach.
- Close the windows, draw the curtains, and close the door to provide privacy and avoid drafts.
- Remove the cover sheet and/or blanket and protect the bedding with a plastic sheet under the client, if you have one. Cover the client with a sheet or other suitable cloth to help them keep their dignity and keep warm. Expose only the areas you want to wash.

- Help the client into a suitable position, sitting if possible.

- Place a basin of warm water on the stool/table.

- Bathing, whether by the client or by the caregiver, should start with the cleanest areas first (face, hair, upper body) and finishing with the least clean (the genitals, anus, and feet). This is so that stool and urine and dirt from the floor are not introduced in the cleaner areas. Also, to avoid infection from stool getting in the genitals, the anus should be cleaned AFTER the genitals.

- If open sores are present, the caregiver should use gloves or plastic bags.

- During bathing, try to keep the water as clean as possible, or use 2 basins, one for washing and a second for a last rinse.

- Wash the client’s hair with soap or shampoo, if desired. It helps to have the person move to the head or side of the bed so that their head hangs over a bit. Place the wash basin on a stool under the client’s head. Be sure to support the client’s head so s/he does not get tired or feel uncomfortable. Rinse the hair and dry with a cloth or towel.

- When the client has finished all they can, the caregiver can return, change the water, and complete the bath by helping to wash hard to reach areas (like the client’s back and feet) and pressure areas.

- You may also want to help them cut their fingernails and toenails at this stage of the bath, but make sure they are covered and not cold.

- Help the client into clean clothes and make the bed with dry, clean bedding.
Offer a comb, brush, or shaving supplies, if available. Help as needed.

Leave client in a comfortable position.

Dry the area and pour away the water used for bathing. It is better to dump the water on plants outside than in a sink.

Remove gloves/plastic bags; wash and dry your hands.

**For a person who is unconscious or too weak to move:**

Follow the same steps as above, and:

- Wash the client with soapy water beginning from the face, chest, abdomen, hands, back, and legs. A good rule of thumb is to go from the cleanest to the dirtiest parts when you wash.
- Dry each part thoroughly.
- Wash hair if needed. To do this, get help to carefully move the client so his/her head is at or just over the edge of the bed. Put a wash basin on a stool under the person’s head, shampoo, and rinse. Be sure to support the client’s head the entire time.
- Wash the private parts last (always wash the genitals first and the anus after).
- Treat the pressure areas as described on the next page.
- Cut finger and toe nails if they need it.
- Dress client in clean clothes, provide padding to soak up client’s urine and stools, and make the bed.
- Comb or brush hair and trim the beard as required.
- Leave client in a comfortable position that will help prevent bedsores.

Mouth and nail care should be combined with the bed bath whenever possible.
Care of Pressure Sores During Bathing

To care for pressure areas, do the following during the bed bath:

- Treat all pressure areas in an orderly way, starting at the head and ending with the feet during the bath.

- Examine each pressure area as you massage to see if pressure sores are developing. If they are, see Unit 10: Managing and Treating AIDS-Related Conditions for how to care for them.

- During bathing, with a soapy hand or cloth, gently massage each pressure area in a circular movement and for long enough to stimulate good circulation of blood (you can slowly count to 10 as you do each part).

- While you are massaging, cover other parts of the body to keep the client warm and to provide privacy.

- Using a wet face cloth, rinse each part and pat it dry with the client’s towel/cloth.

- When the client is completely dry, massage the bony areas, with lotion, Petroleum jelly (Vaseline), or talcum powder if available. Do it the same way as with the soapy hand, with gentle pressure counting slowly to 10 in each area.

- Keep talking with the client and make sure you are not causing pain or discomfort.

- Report to your trainer or home care supervisor if the client’s skin is discolored, very wet, blistered, or broken. The client may need hospital care.
Activity 4: Brainstorming (15 min.)

The trainer should:

- Ask if anyone has ever taken care of PLWHA who needed help cleaning his/her mouth. If so, ask them to share with the group how they did this.
- Ask for other contributions.
- Using the content below, explain/summarize each step.
- Write simple key points of mouth care on flipchart using the content below. This will be used as a job aid later on during the practicum.
- Ask what steps would be involved in proper nail care.
- Note points on flipchart.
- Ask how a person can be helped when they need to go to the toilet.
- Note points on flipchart, adding information from the content below as needed.
- Ask for 1 or 2 volunteers to quickly summarize key points while other participants follow along in their Handbooks.
- Post flipchart on the wall.
ACTIVITY 5: DEMONSTRATION (20 MIN.)

The trainer should:

◆ Ask for a volunteer to play a client. Note to Trainer: In some groups, participants may not be comfortable demonstrating this. If not, have another trainer play the client.

◆ Using the steps outlined below, demonstrate proper mouth care. Use props such as a toothbrush, toothpaste, cups, and petroleum jelly (Vaseline) to make it realistic.

◆ Explain aloud each step as you perform it.

◆ Ask if there are any questions or comments.

◆ Ask for another volunteer to demonstrate nail care.

◆ Demonstrate proper nail care and say each step aloud as you perform it.

◆ Ask if there are questions or comments.

◆ Ask for another volunteer to demonstrate assisting someone to go to the toilet.

◆ Demonstrate how to support the client while s/he is using the toilet and say each step aloud as you perform it.

◆ Ask if there are questions or comments.

◆ Refer participants to their Handbooks while you summarize key points.

◆ Explain that participants will have a chance to practice later on during the practicum session.

Mouth Care

Keeping the mouth clean helps prevent many problems, such as tooth decay, sores/infection in the mouth, and sore gums. A healthy mouth also makes it possible for
PLWHA to eat without pain. This is very important because good nutrition helps PLWHA live healthier, longer lives. If it is difficult for the client to take care of his/her mouth, the caregiver can help. Mouth care can be done after the bath, but should be done more than just once a day.

**Supplies for Mouth Care**

- Gloves or plastic bags
- 2–3 small cups or containers
- Toothpaste, or salt water and baking soda solution
- Glycerin, liquid paraffin, or petroleum jelly (Vaseline)
- Cotton wool balls
- Toothbrush or tooth sticks
- Clean cloth
- Spoon, fork, or small stick to use for swabs
- Another spoon, fork, or stick padded all around with a piece of clean cloth (for unconscious clients)

**Steps to Follow**

**For a conscious client:**

- Permit the client to take care of his/her mouth as far as his/her condition allows.
- Wash and dry your hands.

Prepare materials that will be used.

Explain to the client what you are going to do together and discuss which role the client wants to play and which you will play.

Help the client sit up, or prop the client up as much as possible.

Place the towel or piece of cloth across client’s chest and under the chin.

Bring all the materials needed within easy reach of the client.

If client is able: provide the tooth stick or toothbrush with toothpaste (or salt water and baking soda solution) and water in a cup for rinsing the mouth. Ask him/her to brush not just the teeth, but also the gums, tongue, and roof of the mouth gently.

Offer another small container to spit into while rinsing the mouth.

If the client is conscious, but too weak to do it without help:

Put on gloves or plastic bags.

Wind a small amount of cotton wool around the end of the spoon, fork, or stick to make a swab or fold a piece of cloth over it. Put toothpaste on the tip, or dip it in the salt water or the baking soda solution.

Gently clean all parts of the mouth, the gums, the roof of the mouth, and the tongue.

Move the swabs from the back to the front of the mouth in each area and change them and discard them as necessary.

Give water to rinse the mouth.

Apply petroleum jelly (Vaseline) to the lips if they are dry.

Throw away used cotton swabs in a safe way or wash the piece of cloth correctly and hang it in the sun to dry for the next use.

Remove the plastic bags and throw away in a proper way.

Wash and dry your hands.
For the unconscious client or one who is too sick to move:

- Follow preparation steps above.
- Place the padded stick or spoon in the client’s mouth to keep it open.
- Proceed with cleaning as above.

Nail Care

Keeping fingernails and toenails clean and neatly trimmed prevents clients from causing scratches or bleeding with their nails. The caregiver can help with nail care if the person is not able to do it alone. It can be done weekly at the end of the bath, or as needed.

Supplies for Nail Care

- Nail cutter, scissors, or clean razor blade
- Soap
- Clean water in a basin
- A piece of clean cloth or towel
- Petroleum jelly (Vaseline) or lotion

Steps to Follow

- Permit the client to take care of his/her nails as far as his/her condition allows.
- Discuss the procedure with the client, mentioning what you will do together and deciding who will do what.
- Gently wash each hand with soap and water. Scrub nails gently with the brush.
- Rinse and dry the hands using a clean cloth.
- Trim the nails gently with the scissors, nail cutter, or razor blade, taking care that you do not hurt the client or draw blood.
- Apply petroleum jelly (Vaseline) or lotion to both their hands and massage them for comfort.
Repeat the whole procedure for the feet.

Leave the client dry and comfortable.

Collect nail cuttings into a piece of paper or any container to be thrown away in a pit latrine.

Clear all the articles used and wash and dry your hands.

**Helping Clients Go To The Toilet**

Sometimes the CHW may need to help clients use the toilet. As with all care and support activities, the CHW should train family members and caregivers to provide this type of support to PLWHA. The most important things are to help clients prevent infection, maintain their dignity, and provide as much privacy as possible.

- Help clients with their balance as needed by holding them up from above as they go to the toilet. You may just need to give them an arm to lean on.
- Encourage the person to rinse with clean water or wipe with a clean toilet paper/cloth after using the toilet.
- When women wipe after passing stool or pooping, always remind the client to wipe toward the back so stool/poop does not get into the vagina.
SESSION 9.4: PREVENTING PRESSURE SORES

Pressure Sores

ACTIVITY 1: DEMONSTRATION (20 MIN.)

The trainer should:

- Label the top of a flipchart with “Pressure Sores.”
- Ask participants to describe pressure sores. Ask, “Why do people get them?”
- Using participants’ suggestions and content below, note a short and simple definition of pressure sores.
- Ask participants where on the body they think the client is most likely to get pressure sores.
- Write “prevention” on flipchart and ask how pressure sores can be prevented.
- Using participants’ suggestions and content below, write short and simple notes on how to prevent pressure sores. Post flipchart on the wall.
- Ask for a volunteer to play a client. Note to Trainer: In some groups, participants may not be comfortable demonstrating this. If not, and there are 3 trainers, one of them can play the client.
- Demonstrate how to prevent pressure sores with 2 trainers being the CHWs and a participant or other trainer playing the client. Use props such as a sheet/cloth and pillow to make it realistic.
- Ask if there are any questions.
- Explain that later on participants will have a chance to practice this and that care of pressure sores will be covered in Unit 10: Managing and Treating AIDS-Related Conditions.
- Ask for 1–2 participants to summarize the key points, while others follow along in their Handbooks.
Description of Pressure Sores
People sometimes become so ill they cannot move themselves in the bed. Any bedridden client can develop pressure sores, also called bed sores. The sores may start out as a patch of red, purple, or blue skin but can turn into blisters or open sores if untreated. In the worst case, the opens sores can become craters, reaching down to the bone.

Pressure sores are caused by the breakdown of the skin due to the constant pressure of the bed on bony parts, especially where the bone is sharp and close to the skin. The buttocks, back, shoulders, elbows, ankles, and heels on the feet are common areas where pressure sores occur. The pressure keeps the blood from circulating, resulting in the sore. These can be worse for PLWHA, especially when:

- They are thin (less fat to protect the bony parts).
- They are too tired and weak to change position.
- Their immune systems are too weak to fight off infection, including that of the skin.
- They can no longer control when they have to go to the toilet (urine or feces can irritate the skin and cause the skin to break down).

Preventing Pressure Sores
Preventing pressure sores is part of daily care of bedridden PLWHA. How can caregivers prevent these pressure sores?

- Keep the skin clean and dry.
Keep the client drinking plenty of fluids, like ORS, and eating healthy and enough food. Vitamins might also help.

Help the client turn over and change positions every 1 or 2 hours: face up, face down, on the side, on the other side.

If possible, put cushions under the person so the bony parts have less pressure and rub less.

Massage the skin with baby oil, lotion, or petroleum jelly (Vaseline) during and after the bath. Spend more time on those bony parts to help the blood circulate there.

Use soft sheets and bedding if possible, and change whenever they are wet or dirty.

If you as a caregiver have sores and are exposed, you should wash immediately and thoroughly with soap, water, and antiseptic.

**Supplies and Resources for Turning a Client in Bed**

- If the client has open wounds, use gloves or plastic bags on hands.
- It is best if there are 2 people who can work together.

**Steps to Follow**

*How to turn a client in bed to prevent pressure sores:*

- Explain to the client what you are going to do, why it is good to do it, and how they can help.
- Remove any blankets and leave the top sheet loose so that the client’s arms and legs can be moved easily.
- Bring one of the client’s arms and one leg slowly across their body toward the side the client is to face.
- One person gently rolls over the shoulder and head while the other rolls over the pelvis and legs so the body moves as one unit.
- Now the 2 people join hands under the client’s hip joint and thighs on the bottom, and shoulders on the top. The 2 people should bend their knees and keep their backs straight, and lift the client to the center of the bed.
Adjust the pillow under the client’s head, also between or under the knees and behind the back. Ask if the client is comfortable.

Put the client’s hands in a comfortable position and bend the client’s legs slightly.

Remake the bed and leave the client comfortable.

Dispose of articles safely and wash and dry your hands.
SESSION 9.5: PHYSICAL THERAPY FOR THE CLIENT

Introduction

ACTIVITY 1: TRAINER PRESENTATION (5 MIN.)

The trainer should:

- Introduce the session using the content below.
- Ask if there are any comments or questions.

Exercise is good for everyone, but exercise, massage, and basic physical therapy are especially important for PLWHA because it helps to:

- Improve the person’s blood circulation which keeps skin, muscles, and organs healthy, and helps prevent blood clots in the legs which can travel to the brain and cause stroke.
- Prevent stiff and locked joints.
- Prevent the muscles from getting smaller because they are not used enough.
- Prevent pneumonia because the person breathes more deeply and exercises the lungs.
- Relax the person and make them feel good.

To keep muscles strong and joints healthy, PLWHA need to be supported to exercise every day. This can be anything from going for a walk, to doing some basic exercises and stretches in bed. PLWHA can be taught to do some simple exercises themselves or caregivers can also be taught how to help PLWHA to do the exercises if they are too weak to do them on their own.

The most important thing is to move each part of the body every day and make sure the client is comfortable.
Physical Therapy

ACTIVITY 2: DEMONSTRATION/RETURN DEMONSTRATION (30 min.)

The trainer should:

- Ask questions to see what participants know already about physical therapy.
- Present the content below on physical therapy for those clients who can and cannot lift themselves.
- Ask for a volunteer to play the role of a client who can lift themselves.
- Use Trainer’s Tools 9.3: Illustrations of Physical Therapy Exercises and the content below to demonstrate each exercise (e.g., knee bends) for someone who can lift themselves. Explain each step as you demonstrate it.
- Ask participants to follow along in their Handbooks.
- Ask if there are any questions.
- Ask for 2 more volunteers: one to play the CHW/caregiver and one to play the client.
- Ask them to demonstrate back the steps for each exercise, explaining the steps as they go.
- Ask for another volunteer to play a client who cannot lift themselves. If participants are not comfortable playing this role, ask another trainer.
- Use the steps above to conduct a demonstration and return demonstration.
**Activity 3: Role Play (20 min.)**

The trainer should:

- Ask for 2 volunteers, one will play the client, and the other, the CHW.
- Take the volunteers aside and whisper the following scenario so the others do not hear.

**Scenario:** The CHW visits the home of a client who is fairly healthy. The person complains because she used to walk everyday to gather water, but now she is too sick and is not getting outside anymore. She feels stiff and weak.

- Ask the actors to act out the scenario.
- Once the client has told the CHW the problem, have the actors freeze.
- Ask participants what the CHW should suggest about exercises for the client to stay healthy.
- Have the role play continue using participants’ suggestions (e.g., the CHW should discuss with the person which exercises s/he can do to stay healthy).
- Ask the actors to freeze.
- Ask for someone to take over the role of the CHW and demonstrate 1 or 2 of the exercises.
- Ask the actors to freeze again.
- Ask for another volunteer to demonstrate another exercise.
- Continue rotating actors until all the content has been covered.
- Make sure key points are covered like the need to wear gloves if there are open sores, and how many repetitions of each exercise should be done.
Physical Therapy For Clients That Are Able To Lift Themselves

Supplies and Resources

- You will need gloves or plastic bags only if the client has open sores or wounds.
- You may want to use petroleum jelly (Vaseline), lotion, or talcum powder to massage the client if it feels good to him/her. Petroleum jelly (Vaseline) is good to keep wetness away from the skin, like urine or stool, but it is not good to put on open sores because it does not let the skin “breathe” and heal. Talcum powder can also feel good to the client, but you should not use it if there are sores or broken skin, and the client should breathe in as little of the powder as possible.

Steps to Follow

- Ask the person if s/he knows of exercises that feel good. Also find out what is uncomfortable for the person.
- Show the person and caregivers the following exercises (refer to Trainer’s Tool 9.3: Illustrations of Physical Therapy Exercises and the Handbook).

**Neck and head:**

- Rotate head slowly from back to front and from side to side.
- Do this at least 10–15 times everyday, as long as the client is comfortable and not feeling pain.

**Arms and wrists:**

- Lift arms up and down.
- Bend arms at elbow and move forearm up and down.
- Rotate extended arm inward and outward to loosen the shoulders.
- Rotate hands in a circle (one way, and then the other), and then move them up and down.
- Do each 10–15 times everyday, as long as the client is comfortable and not feeling pain.
legs and feet:

- Lift legs up and down.
- Bend knees (alternating legs).
- Rotate leg inward and outward to loosen up the hip joint.
- Rotate feet in a circle (one way, and then the other), and then move them up and down.
- Do each 10–15 times everyday, as long as the client is comfortable and not feeling pain.

back and torso:

- Bring knees to chest one at a time and then together to stretch the lower back. Hold for 15 seconds. Repeat 3–5 times as comfortable.
- Twist upper body while sitting to get blood flowing. Do this 10–15 times every day, as long as the client is comfortable and not feeling pain.

Help the person to add other exercises to the routine that feel good to them.

Help PLWHA and caregivers to remember this exercise routine so the muscles and joints stay healthy. All of the exercises should be done slowly and evenly, without jerky movements or muscle strain.

Remember: PLWHA should exercise everyday to stay healthy, preferably for at least a half hour, but even a few minutes help!
Physical Therapy For Clients Who Cannot Lift Themselves

If a client cannot move on their own, it is even more important that the CHW and other caregivers know how to exercise their muscles and joints. CHWs and caregivers have an important role to play in giving physical therapy to a client that cannot get out of bed or lift their arms and legs by themselves.

Another benefit of physical therapy is “caring touch.” Human touch is one of the most important things for healing, especially for PLWHA, because of the stigma that keeps others from touching them. It is necessary to get feedback from the client, if they are conscious, on how you are touching them so that it is not too hard, too soft, too much, or irritating.

Steps to Follow

- Follow activities listed above.
- Show the person and caregivers how to do leg lifts and knee bends.
- Carefully lift the person’s legs, one at a time, bend and extend the legs gently and rotate them in a circle. Make sure the client is comfortable the whole time.
- Show caregivers how to exercise the arms by lifting, bending, and extending them—one at a time.
- Help clients do these exercises everyday—at least 10-15 times each, as long as the client is comfortable.
- Massage is a good way to help blood flow to all areas of the body. Make sure the client is comfortable and gently rub the whole body, front and back, in long strokes or circles.

Caregivers should be careful and aware of their own bodies when moving clients. Do not lift more than you are able—get help from another person when possible, and lift with your whole body, your knees bent and your body aligned with your legs.
Support During the Final Stages of Life

**Activity 1: Group Discussion (10 min.)**

The trainer should:

- Introduce the topic of dying using the content below.
- Discuss how death is handled differently in families and even varies by individual.
- Ask participants to talk about what happens when someone in their family or community is dying.
  - Do people talk to others when a loved one is dying?
  - Are there taboos or fears about talking about death?
  - When people die from AIDS, is it usually covered up by the family?
- Explain that in many cultures, it is not acceptable to openly discuss death and dying. In many places, families are not open when the cause of death is something related to AIDS. However, it is important that people have the courage to discuss death and dying in the context of HIV/AIDS. Open discussion helps families and communities heal and also helps prevent HIV transmission by bringing AIDS out into the open and reducing stigma.
- State that it is the CHW’s role to help both the person dying of AIDS and the family cope during this difficult stage.
ACTIVITY 2: SMALL BUZZ GROUPS (40 MIN.)

The trainer should:

- Ask participants to break into 4 small groups.
- Ask each group to pick a storyteller who will summarize the key points from the group’s discussion for the larger group.
- Ask each group to discuss:
  - How can you help the dying person stay comfortable during this last stage? (e.g., keep them clean, dry, and free of bed sores; keep them warm and give gentle massage; talk to them and reassure them.)
  - How can you help the dying person and the family with their spiritual and emotional needs? (e.g., give comfort, help bring in a spiritual leader for support, help family accept grief and loss.)
  - Why should PLWHA and their families plan for death? (e.g., to make sure their children are cared for and have good guardians; to make sure their money, finances, and property are protected for their families; to help them accept the process of dying.)
  - What concerns might the family have besides feelings of grief and loss? (e.g., property and land inheritance, economic survival, funeral costs.)
- Allow 15 minutes and reconvene the larger group.
- Ask each storyteller to report on the key points from the discussion. Each storyteller should not talk longer than 5 minutes.
- Ask if there are any questions or comments.
- Supplement answers with content below.
**Activity 3: Question and Answer (20 min.)**

The trainer should:

- In advance, write different problems on slips of paper (e.g., loses control of bladder), and fold the slips of paper and put them in a basket. See *Work for the Trainer to Do in Advance*.
- Ask a participant to draw a slip of paper from the basket. The participant should read the problem and try to suggest a way to deal with it. If they do not know what to do, they can ask one of the other participants.
- Continue until all the problems have been discussed.
- Correct or supplement suggestions given using the content below.
- Summarize by directing participants to the appropriate section in their *Handbooks*.

Eventually, a person with AIDS is no longer just chronically ill, the person is dying. When this change occurs, it is often hard for the client and for the family to accept. A different kind of care is needed now. This care can be provided either in a hospital or at home. It is important for the family to know they did a good job of taking care of their loved one. Having a plan for the remaining family members to help them to go on without the person can help make the transition easier.

**Issues the dying person and the family may face include:**

- Future economic survival of the children and family.
- Writing a will.
- Getting legal protection for land inheritance, especially for women and children.
- Guardianship of the children: including food, shelter, education, loving support, and involving the children in the decisions as much as possible.
Care of PLWHA in the Terminal Stage

You may be able to tell when a client is nearing death if s/he:

- Sleeps more and more and is hard to wake.
- Becomes confused about where they are, the time, the date, and who people are.
- Begins to lose control of their urine and stool.
- Seems restless, pulling at the sheets and seeing things that are not there.
- Has trouble seeing or hearing.
- Has skin that feels cool to the touch.
- Loses consciousness, stops eating, or breathes noisily.
- Stops passing urine.
- Is not getting any better with medical treatment.
- Says they are ready to die.

What the CHW Can Do to Support the Dying Person and the Family

If the sick person wants to remain at home, you can assist the caregiver to help them die with dignity by:

- Giving comfort, both for physical problems and for worries, fears, anger, and sadness.
- Bringing a spiritual leader or healer to the home.
- Having family and friends close by (especially the people they like most) and respect their choice of who they want to be with in the final stages of life.
- Helping make final plans and encouraging the client to make decisions.
- Helping the client to prepare for death emotionally and spiritually.
- Helping the person accept him/herself as a whole human being and to put aside guilt and fear.
For the family:

- Help them plan for their future, especially for the children.
- Bring in a trained counselor if needed.
- Help them accept grief and loss, and let go of anger. Reconciling with a dying loved one can be very healing for those left behind.
- Ask family members and friends to come and say goodbye if that is culturally acceptable.
- Help them to accept the client’s decision to stop eating if that is the case.
- Help them with funeral arrangements.
- Continue to follow-up with them and involve them in CHBC efforts in their communities.

You can train the caregiver to help the client with physical and emotional comfort at the end of life in the following ways. These measures will not only comfort the client, but caring for the client with respect will also comfort the family and friends who are facing loss.

To help the client with **physical comfort**, the CHW can help the caregiver in these ways.

<table>
<thead>
<tr>
<th>If the client ...</th>
<th>Teach the caregiver to ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeps more</td>
<td>Try to talk to them and do things with them during their more alert times.</td>
</tr>
<tr>
<td>Is confused</td>
<td>Tell them clearly where they are, the time and date, and who people are.</td>
</tr>
<tr>
<td>Loses bladder and bowel control</td>
<td>Clean and dry them off, and use petroleum jelly (Vaseline) or lotion to prevent rashes.</td>
</tr>
<tr>
<td>Has cool skin</td>
<td>Keep them covered with warm blankets and give gentle massage.</td>
</tr>
</tbody>
</table>
If the client ...  | Teach the caregiver to ...  
---|---  
Has trouble seeing or hearing  | Keep talking with them and including them in conversation. Never ignore them when talking with others.  
Is restless  | Speak calmly, reassure the person, remind them gently who you are and where they are. Keep touching, holding hands, hugging, and massaging as the person desires.  
Stops eating and drinking  | Wipe their mouth with a wet cloth and keep lips wet with moisturizer.  
Stops passing urine  | Consult with a nurse or doctor because they may need a catheter.  
Has noisy breathing  | Put extra pillows under the head, turn them to the side so fluids can flow out, and put a wet washcloth on the lips.  

As much as possible, keep providing pain and comfort measures.

To help with emotional comfort, the CHW can help the caregiver to:

- Tell the client that s/he is accepted as a whole human being.
- Forgive the client, if needed.
- Tell the client that s/he will be missed and remembered.
- Assure the client that their children and loved ones will be OK.
- Help the client feel peaceful.

Because many families of PLWHA do not have a lot of resources, sometimes the CHW is faced with many responsibilities at the time of death and dying. Sometimes, the family asks them to help pay funeral expenses. The CHW should take care to support the family and caregivers to cope with the person’s death, but they should not feel like they have to pay any expenses or do everything themselves because they will suffer from
Activity 4: Group Discussion (25 min.)

The trainer should:

- Ask participants:
  - How long can HIV stay alive in the body after death?
  - What is traditionally done to the body after death?
  - Does this tradition vary by ethnic group?
  - Does it vary by religion?

- Discuss how this is the same or different from the steps in the content below.

- Using the content below, explain the steps that should be taken to care for the body after death. Try and relate this to what is normally done in a community.

- Ask participants:
  - How should the room be cleaned afterwards?
  - How can the CHW demonstrate a caring attitude during this time?
  - What things can the CHW do that will make the family feel that the CHW cares?

- Ask if there are any questions or comments.

- Summarize the main points while participants follow along in their Handbooks.
Even after a person has died, HIV can still be alive in the body for 24 hours. During that time, take the same infection prevention precautions with the body as you did when the person was alive. How the body is cared for is important because:

- You must prevent HIV transmission through contact with any bodily fluids, as before.
- Treating the body gently and with respect may help the grieving family members.

**Supplies and Resources**

- Basin
- Soap and water
- Gloves or plastic bags to use as gloves
- Wrapping cloths or clean clothes, according to cultural tradition

**Steps to Follow**

**Preparing the body:**

As soon as the person has died:

- Let the family say goodbye if that is important to them right after death.
- Help the family grieve and help make funeral arrangements if needed. The best thing the CHW can do is listen to the family members and help them in whatever way s/he can.
- Provide privacy and treat the body respectfully. This may be very important to the family who is grieving.
- Try to follow the traditional practices of the family and the community for preparing the body, **as long as careful infection prevention is followed.** If you do not know, try to find out beforehand how the client or the family want the body handled.
- Limit the number of people preparing the body to prevent infection.
- Put on gloves/plastic bags; make sure you avoid direct contact with fluids from the body.
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Close the eyelids.

Support the closed mouth with a bandage or piece of cloth made like a bandage.

Pack the nostrils with some cotton swabs/small pieces of cloth.

Clean the body according to custom, but keep safety first. Remove the dirty linen/bed sheets/cloth from the bed, disinfect, and launder as always.

Dress the body (according to custom).

Straighten the body, hands, and feet. Make sure there are no body fluids around that someone might touch.

Cover/tie the body in a clean cloth/sheet.

Keep the body covered and ready for burial or cremation.

The body should be buried or cremated according to local customs. For instance, in Kenya, bodies are buried, usually in sand and paraffin, or charcoal and water, or in a wooden box.

Note to Trainer: Include examples of local customs regarding burial or cremation in this session.

Clearing the room and materials used:

Clear away the materials used to care for the client, safely clean or throw them away, and arrange the room so it is orderly.

Remove and dispose of plastic bags; wash and dry your hands.

Demonstrating a caring attitude:

Keep talking in a caring manner to the relatives to comfort them.

Arrange for the family to inform other persons concerned (e.g., village and religious leaders, and health workers).

Take the time to comfort children who have lost their parent, the husband or wife who has lost a spouse, and parents who have lost a daughter or son.
• Be sure to follow-up with the family for a couple of months after the death (or more) to provide emotional support. Other family members may also need CHBC or linkages to other community services, such as IGA, food supplies, and support for orphans left behind.

• Caregivers who have been trained to care for their own relatives or friends are often willing to help other families caring for PLWHA. In this way, the skills are spread out over the community. The CHW can promote volunteer efforts and spread knowledge and skills.
SESSION 9.7: NURSING SKILLS PRACTICE

Nursing Skills Practice

ACTIVITY 1: CLASSROOM PRACTICUM (3 HOURS)

The trainer should:

- Set up 3 stations around the room to practice the nursing skills that have been covered in the unit: station 1) prevention and care of pressure sores, bathing, nail, and mouth care; station 2) help going to the toilet and physical therapy; and station 3) caring for someone who is dying and care of the body after death. Each station should have 2 practice areas so 2 different groups can practice at the same time.

- Ensure that each station has materials needed for participants to practice. The participants can use materials in their CHBC kits, but they will also need other materials like a bucket, cloth/sheet, towel, and other common household items that might be used in practicing nursing skills.

- Post the flipcharts/job aids that were made earlier over the appropriate station (e.g., flipcharts on pressure sores, bathing, nail and mouth care should be posted above station 1).

- Divide participants into groups of 4. Assign 2 groups to one station (one group per practice area). The number of groups may vary according to the number of participants—adjust accordingly.

- Assign each person a role: CHW, the assistant when 2 caregivers are needed (e.g., when turning the client), person living with HIV/AIDS, and an observer. The observer will use the flipchart/job aid and their Handbooks as a checklist to make sure that the CHW covers all the steps. Each CHW should not only perform the steps for each skill, but also practice talking with the client, making them comfortable and offering encouragement.
ACTIVITY 1: CONTINUED

- Caution participants to pay careful attention to infection prevention for the client, for the caregivers, and for him/herself. Also ask the observer to pay special attention to infection prevention.

- After the first role play has finished, have the participants switch roles so that another participant has a chance to practice. Repeat this process twice more until everyone in the group has had a chance to practice. Allow participants enough time to complete all the steps.

- Have the groups at each station switch to a new station. Repeat the above steps and then switch stations one more time. Everybody should visit all 3 stations and have a chance to practice.

- The trainer should move around the various stations during the practicum so that questions can be answered, corrections can be made, and encouragement can be given. **Note to Trainer:** There may be some activities that participants will be uncomfortable acting out (e.g., washing certain body parts). In this case, they can just state aloud what they would do (e.g., “I would wash the client’s genitals”). However, participants should demonstrate on each other and/or on the trainers as much as possible, so they learn these skills before practicing on a real client.

- Reconvene the large group.

- Ask participants:
  - How did you feel performing the skills? Were they difficult? Were they easy?
  - How did the CHW talk to their clients? Did they provide information and encouragement?
  - Are there any suggestions for improvements?
  - Was your Handbook useful in reminding you of the key steps for each task? If not, what other job aids might you need?
ACTIVITY 1: CONTINUED

- Ask for any questions or comments.
- Advise the participants that they will first practice in class and then they will visit homes, where they will provide services to PLWHA during the practicum. Once they can competently provide services themselves, they will visit homes of PLWHA and train their caregiver(s) to provide home-based care.
**Activity 2: Game (30 min.)**

The trainer should:

- Divide participants into 2 teams.
- Say aloud one key task for each round. Key tasks include: 1) preventing general infections, 2) proper handling of body fluids, 3) bathing and hair washing, 4) mouth care, 5) nail care, 6) helping clients go to the toilet, 7) prevention and care of bed sores, 8) physical therapy, and 9) care in the final stages of life.
- Each team, without speaking, should find items around the room that were used to cover the key task. The team that finishes first with the most correct items wins that round.
- The winning team of each round must say important things to remember about that key task.
- Allow other participants to add any missed information.
- Repeat the process until all of the key tasks are covered.
- Keep score for each round and give the final winning team a small prize.
**Trainer’s Tool 9.1: Illustrated Brainstorming on Infection Prevention**

**In People**
- Cover stored food
- Wash and dry dishes well

**In Household**
- Wash hands
- Wash cuts and scrapes with soap and water

**In Compound/Living Area**
- Burn/bury waste
- Cover water supply
UNIT 9

TRAINER'S TOOL 9.2 : MAKING 0.5% BLEACH SOLUTION

15% Chlorine: Extrait de Javel-480, Chloros
Mix 29 parts water with 1 part bleach

10% Chlorine: Chloros, Liguria
Mix 19 parts water with 1 part bleach

8% Chlorine: Lavandina
Mix 15 parts water with 1 part bleach

6% Chlorine: Blanqueador, Cloro, Hypex
Mix 9 parts water with 1 part bleach

5% Chlorine: Household bleach, Clorox, ACE
Mix 6 parts water with 1 part bleach

3.5% Chlorine: JIK, Robin Bleach, Ajax
Mix 11 parts water with 1 part bleach
Neck and Head

◇ Rotate head slowly from back to front and from side to side.
◇ Do this at least 10–15 times everyday, as long as the client is comfortable and not feeling pain.
Arms and Wrists

- Lift arms up and down.
- Bend arms at elbow and move forearm up and down.
- Rotate extended arm inward and outward to loosen the shoulders.
- Rotate hands in a circle (one way, and then the other), and then move them up and down.
- Do each 10–15 times everyday, as long as the client is comfortable and not feeling pain.
Legs and Feet

- Lift legs up and down.
- Bend knees (alternating legs).
- Rotate leg inward and outward to loosen up the hip joint.
- Rotate feet in a circle (one way, and then the other), and then move them up and down.
- Do each 10–15 times everyday, as long as the client is comfortable and not feeling pain.
TRAINER’S TOOLS 9.3: CONTINUED

Back and Torso

- Bring knees to chest one at a time and then together to stretch the lower back. Hold for 15 seconds. Repeat 3–5 times as comfortable.
- Twist upper body while sitting to get blood flowing. Do this 10–15 times every day, as long as the client is comfortable and not feeling pain.

Twist

Stretch