

Trainer's Manual for Accredited Drug Shop Sellers

Module 3: Treatment that the ADS can Initiate

Sessions 1–5



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MODULE 3: TREATMENT THAT THE ADS CAN INITIATE

SESSION ONE: INTRODUCTION

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Identify whether a specific condition can be managed at an ADS. 2. Identify whether a specific service can be offered at an ADS. 	
DURATION:	2 hours	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens 	<ul style="list-style-type: none"> • ADS Seller’s Manual • SOPs • Cards for the “matching” game (Exercise 1)
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Two sets of cards for Exercise 1 	

Introduction (30 min.)

REMIND	<p>participants that in the previous session, they agreed that good communication between the ADS seller and the client or caregiver is important to the success of client care.</p>
ASK	<p>participants to name other elements that contribute to making care successful.</p>
ENSURE	<p>that the following elements are mentioned:</p> <ul style="list-style-type: none"> • Good customer care • Good medical knowledge on the part of the ADS seller • Proper assessment of the need for care • A positive attitude of the ADS seller toward work
EXPLAIN	<ol style="list-style-type: none"> 1. That another important element is the ADS seller’s clear understanding of which conditions he or she is permitted to manage and which treatments he or she is permitted to initiate. 2. That this training provides the ADS seller or dispenser with the basic medical knowledge needed to manage specific conditions

	<p>and initiate specific treatment of illness.</p> <p>3. That this session introduces participants to the conditions they will be able to manage and the treatment that they will be able to initiate as ADS sellers.</p>
PRESENT	slides 1-14

Exercise 1: Conditions That Can Be Managed at the ADS (45 min.)

EXPLAIN	that participants are going to get into small groups again to play a “matching” game to help ensure that they can identify the conditions they are permitted to manage at the ADS.
EXPLAIN	<ol style="list-style-type: none"> 1. That each small group will receive two sets of cards [HOLD UP THE TWO SETS FOR ALL TO SEE]. One set has the names of various conditions, some that the ADS seller can manage and others that the ADS seller cannot manage.¹ The other set has just 2 cards – one YES card and one NO card. 2. No one should look at any of the cards until the facilitator says to start the game. 3. When the facilitator says “Go”, the members of each small group should place the YES card to one side and the NO card to another. They should then work together to correctly place the cards with the name of each condition beside the YES card if an ADS can manage that condition or the NO card if the ADS cannot manage it. In the end, they will have two piles of cards. 4. Everyone can use their ADS Seller’s Manual to make sure that they have the correct answer.
DIVIDE	participants into small groups.
DISTRIBUTE	<p>two sets of cards to each group – one with the names of conditions and the other with just 2 cards – a YES card and a NO card.</p> <p>[Be sure to put them face down.]</p>
EXPLAIN	that the first group to finish creating the two piles of cards should raise their hands.

¹ The list of conditions the ADS can manage appears at the end of this session plan.

TELL	all groups to start.
ANNOUNCE	“Everyone stop!” when one group raises its hands.
INVITE	the group to present its two piles – the YES pile of conditions that the ADS can manage and the NO pile of conditions that the ADS cannot manage.
INVITE	all other participants to comment on the matches – do they agree? Disagree?
ENSURE	that all of the matches are correct.

Services That Can Be Offered at the ADS (30 min.)

EXPLAIN	that participants are now going to do another “matching” game to help ensure that they can identify the services they can offer at the ADS.
EXPLAIN	<ol style="list-style-type: none"> 1. This time, one set of cards has the names of various services – some that the ADS seller <u>can</u> offer and others that the ADS seller <u>cannot</u> offer. The other set has 1 YES card and 1 NO card. 2. No one should look at any of the cards until the facilitator says to start the game. 3. When the facilitator says “Go”, the members of each small group should work together to correctly place the name of each service under the YES card if an ADS <u>can</u> offer it or under the NO card if the ADS <u>cannot</u> offer it. 4. Everyone can use their ADS Seller’s Manual to make sure that they have the correct answer.
DIVIDE	participants into small groups.
DISTRIBUTE	two sets of cards to each group – one with the names of conditions and the other containing a YES card and a NO each card. [Be sure to put them face down.]
EXPLAIN	that the first group to finish matching the cards should raise their hands.
TELL	all groups to start.
ANNOUNCE	“Everyone stop!” when one group raises its hands.

INVITE	the group to present its matches.
INVITE	all other participants to comment on the matches – do they agree? Disagree?
ENSURE	that all of the matches are correct.

WRAP-UP (15 min.)

ASK	What is the additional, very important responsibility that all ADS sellers have as regards the health of their communities?
ENSURE	that they respond that they should alert health officials at the district level if they suspect a client has any of the following very serious and dangerous diseases: <ul style="list-style-type: none"> • Cholera • Ebola • Marburg
ASK	participants whether they have any questions about conditions they can manage in the ADS or services they can provide.
THANK	all participants for their good efforts.
ANSWER	their questions. If there is a question you cannot answer right away, tell them you will learn the answer and get back to them as soon as possible ... and then be sure to do so.
ENCOURAGE	participants to consult their ADS Seller's Manual frequently to be sure that they have all the information and tools they need to do their work properly.

RESOURCE MATERIALS FOR THE TRAINER FOR SESSION 1

List of conditions the ADS <u>can</u> manage	List of conditions the ADS <u>cannot</u> manage
<ul style="list-style-type: none"> • Uncomplicated malaria in both adults and children • Common colds (adults and children) • Allergic rhinitis (adults and children) • Non-severe pneumonia in children 2 months to 5 years only (with no danger signs or chest in-drawing, or stridor in calm child) • Diarrhoea in children and adults • Ear infections (no tender swelling behind the ear) • Anaemia and malnutrition in children 2 months to 5 years • Boils • Ringworm • Athlete's foot • Scabies • Chicken pox • Nappy rash • Minor cuts • Skin allergies • Foreign body in eye • Sty • Lice 	<ul style="list-style-type: none"> • Complicated malaria in both adults and children • Severe pneumonia in children of any age (with danger signs, chest in-drawing, or stridor in calm child) • Severe pneumonia in adults • Bloody diarrhoea in children or adults • Persistent diarrhoea in children or adults • Severe diarrhoea in children or adults • Severe dehydration • Ear infections (tender swelling behind the ear) • Anaemia and malnutrition in children younger than 2 months • Skin conditions that do not improve with treatment • Foreign body in eye that you are not able to remove • Sty that does not respond to treatment

List of services the ADS <u>can</u> provide	List of services the ADS <u>cannot</u> provide
<ul style="list-style-type: none"> • Routine deworming, especially for children under 5 years • Follow up on all clients managed at the ADS, where necessary • Checking immunisation status for children under 5 years • Advice on family planning • Initiating clients on condoms and oral contraceptives • Follow up on family planning methods • Advice on newborn care • Advice on proper nutrition and care for children • Assessing clients for chronic conditions, such as diabetes, hypertension, asthma • First aid, as outlined in the ADS Seller's Manual 	<ul style="list-style-type: none"> • Initiating clients on contraceptive methods other than condoms and oral contraceptives • Management of newborn illness • Management of severe malnutrition in infants and children • Initiating clients on medicine for diabetes • Initiating clients on medicine for hypertension • Initiating clients on medicine for asthma

SESSION TWO: FIRST AID AND EMERGENCY CARE

LEARNING OBJECTIVES:	As a result of actively participating in this session, the individual will be able to:	
	<ol style="list-style-type: none"> 1. State the goals of first aids 2. Define five common terms used in first aid. 3. Explain how to carry out the five steps for handling a casualty – DR ABC. 4. Describe how to give first aid to victims of the following emergencies: 	
	<ol style="list-style-type: none"> 1. Not breathing 2. Choking 3. Fainting 4. Wounds/bleeding 5. Nose bleeding 	<ol style="list-style-type: none"> 6. Burns and scalds 7. Fractures 8. Dislocation 9. Poisoning 10. Stings and bites
DURATION:	3 hrs. 45 min.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work, individual practice	
MATERIALS:	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens • ADS Seller’s Manual 	<ul style="list-style-type: none"> • SOPs • Materials and supplies for first aid demonstration and practice • Handouts and cards for Exercises 1-9
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Practice demonstrations of first aid actions • Prepare handouts and cards for exercises 	

First Aid – Goals and Definitions (1 hour)

PRESENT	slides 1 - 11
EXPLAIN	that you are going to start by reviewing some of the key terms that we use in talking about first aid (and that participants have just seen in the PPT presentation) so that we will all be better prepared to talk with each other

	about this important topic.
ASK	What is first aid ?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • Help given in an emergency • To an injured or a suddenly ill person • Before that person is taken to a health unit
ASK	What are the goals of first aid?
ENSURE	that the following points emerge: <ol style="list-style-type: none"> 1. To save the life of the injured person 2. To prevent the injury or illness from getting worse 3. To relieve pain and prevent infection 4. To promote recovery
ASK	What is an emergency ?
ENSURE	that participants respond (in their own words): An emergency is a sudden, serious and dangerous event or situation that needs immediate action to deal with it.
ASK	What are some emergency situations in your community that may require first aid?
ASK	What is a casualty ?
ENSURE	that participants respond (in their own words) that a casualty is a person who is injured or ill.
ASK	What is a first aider ?
ENSURE	that participants respond (in their own words) that a first aider is a person who is trained to offer first aid.
ASK	What is a Good Samaritan ?
ENSURE	that participants respond (in their own words) that a Good Samaritan is a person who gives help and sympathy to people who need it.
ASK	What is a first aid box or kit ?

ENSURE	that participants respond (in their own words) that a first aid box or kit is a box or a bag that contains items used to offer first aid.
ASK	participants to open their ADS Seller’s Manuals to page 10, where they will find a list of items that are commonly found in first aid boxes.
EXPLAIN	<ul style="list-style-type: none"> • That every ADS should have a first aid box. • When the ADS sellers are in their ADS, they should review this list carefully to make sure that their first aid boxes have the items they need to offer first aid successfully. • Any ADS seller that does not have a first aid box already should use this list to create one.
ASK	What should you do to ensure that you always have the first aid items that you need when you need them?
ENSURE	that they respond that when they use one or more items from the first aid box, they replace them as quickly as possible.
ASK	participants to turn to page 12 in their ADS Seller’s Manual, where they will find a list of the uses for some of the items commonly found in a first aid box.
ENCOURAGE	participants to review the list regularly, perhaps each time they replace first aid items that have been used, to ensure that they remember their intended uses.

Exercise 1 – Goals of first aid (10 min.)	
EXPLAIN	that other people – customers at the ADS, family members, community members, and others – are likely to ask ADS sellers what “first aid” is. The easiest way to answer that question is to share with them the <i>goals</i> of first aid.
ADD	for that reason, the participants are going to practice telling each other the four goals of first aid.
ASK	every participant to turn to the person next to him or her so that everyone has a partner. If there is an extra person, he or she can join a pair, and the three can do this exercise together.
GIVE	the following instructions:

	<ol style="list-style-type: none"> 1. One person asks the other, "What is first aid?" 2. The other responds by naming the four goals of first aid (which are listed on page 9 of the ADS Seller's Manual) 3. The two switch roles and repeat the exercise. 4. The pair should repeat the exercise until both individuals can name the four goals without looking at the manual. 5. Everyone should look up at the facilitator when they have finished.
TELL	everyone to start.
CALL	everyone back together when they have finished.

Management of an Emergency (1 hour)

PRESENT	slide 12
EXPLAIN	that "Steps in management of an emergency" tell you what you should do to handle an <u>emergency</u> .
ASK	What are some examples of an emergency that would require you to provide first aid, either ones you have seen or ones you have been part of?
LISTEN	to their responses.
EXPLAIN	that you are now going to share with the participants the steps they should take to handle a <u>casualty</u> .
PRESENT	slides 13-20
ASK	Why is it important to check and remove any danger FIRST?
ENSURE	that their responses include the following points: <ul style="list-style-type: none"> • The casualty could be hurt again. • You or other first aiders could be hurt. • If you are hurt, you cannot help the casualty.
ASK	Why is it important to check and see whether the casualty is conscious or can respond?

ENSURE	<p>that their responses include the following points:</p> <ul style="list-style-type: none"> • The casualty could tell you about his or her condition. • The casualty could cooperate with you in helping him or her.
ASK	<p>Why is it important to check and see whether the casualty has anything blocking his or her airway?</p>
ENSURE	<p>that their responses include the following points:</p> <ul style="list-style-type: none"> • The airway needs to be clear for the casualty to breathe. • The airway needs to be clear for you to help the casualty to breathe.
ASK	<p>When you place your cheek above the casualty’s mouth and nose, what are the two ways you can check for breathing?</p>
ENSURE	<p>that their responses include the following points:</p> <ul style="list-style-type: none"> • You feel for breath on your cheek. • You watch to see whether the chest rises and falls.
EXPLAIN	<ul style="list-style-type: none"> • One way to remember these steps is to remember DR ABC – DANGER, RESPONSE, AIRWAY, BREATHING, and CIRCULATION. • Participants can always find these steps in their ADS Seller’s Manuals on pages 13-14.

Exercise 2 – DR ABC (30 min.)	
EXPLAIN	<p>that participants are going to work in small groups to ensure that all participants have a good grasp of how to handle a casualty.</p>
DIVIDE	<p>participants into groups of five (make adjustments as needed).</p>
EXPLAIN	<ol style="list-style-type: none"> 1. Each group will receive a set of five cards – one for each of the steps of handling a casualty. 2. Each member should take one card. 3. The person who has D – “Danger” should explain to the other group members what the first aider should do during that step.

	<p>4. The person who has R – “Response” then explains to the others what the first aider should do during that step.</p> <p>5. This continues until all five steps have been explained.</p> <p>6. The members of the group should then switch cards (so that no one has the same cards as before) and repeat the process until <u>each</u> member has explained <u>every</u> step.</p>
ASK	them to look up when they have completed the exercise.
TELL	everyone to start.
CALL	everyone back together when they have finished.

Resuscitation (30 min.)

EXPLAIN	that you are now going to review the steps for resuscitating a person who has stopped breathing.
PRESENT	slides 21-27
REMIND	participants that they can find these same steps in their ADS Seller’s Manual on pages 14-16 (including the “points to remember”).

Exercise 3 – Resuscitation (1 hour)	
DEMONSTRATE	how to perform resuscitation (with another facilitator or a willing participant).
EXPLAIN	that participants are now going to practice doing resuscitation.
DIVIDE	participants into groups of three.
GIVE	<p>the following instructions:</p> <ol style="list-style-type: none"> 1. One member of the group will carry out the same steps of resuscitation that you have demonstrated on another member of the group. <p>NOTE: Explain that no one should press down <u>too hard</u> on the chest of the “victim” during practice.</p> <ol style="list-style-type: none"> 2. The third member observes and comments on the practice. He or she can consult the ADS Seller’s

	<p>Manual, pages 14-15, to help make correct comments.</p> <p>3. They will then switch roles and repeat the exercise until all three group members have practiced doing resuscitation.</p>
ASK	them to look up when they have completed the exercise.
TELL	everyone to start.
CIRCULATE	to provide supportive supervision as they practice.
CALL	everyone back together when they have finished.

First Aid for Some Common Conditions – **CHOKING** (30 min.)

EXPLAIN	that you are now going to review how to carry out first aid for some common conditions.
ASK	How do you know when someone is choking ?
ENSURE	<p>that their responses include the following:</p> <ul style="list-style-type: none"> • Difficulty in breathing or speaking • Grasping at the neck • Pointing in the mouth and throat • Black/blue colour around the face and neck • Blueness to lips (cyanosis)
ASK	one or more participants to demonstrate how someone who is choking might look.
ENSURE	<ul style="list-style-type: none"> • That the demonstrations are accurate. • That you thank the volunteers.
ASK	What is the first thing you should do to help the victim?
ENSURE	that they respond that you should try backslaps.
PRESENT	slide 30 (Step 1: Backslaps)
ASK	one or more participants to demonstrate how to deliver the backslaps.

ENSURE	<ul style="list-style-type: none"> • That the slaps are not hard enough to harm the recipient! • That the demonstrations are accurate.
ASK	What do you do next if the person is still choking?
ENSURE	that they respond that you give abdominal thrusts (or the Heimlich manoeuvre).
DEMONSTRATE	how to give abdominal thrusts on a willing participant.
EXPLAIN	that in this session, you cannot be as forceful as you must be if a person is really choking.
INVITE	other participants to practice giving abdominal thrusts on each other.
ENSURE	that they are doing the abdominal thrusts correctly.
PRESENT	slides 30 and 31 as a summary of first aid to offer to someone who is choking.

First Aid for Some Common Conditions – FAINTING (1 hour)

EXPLAIN	now we are going to review the first aid to offer someone who faints.
ASK	What are some of the signs of FAINTING?
ENSURE	<p>that the following signs are mentioned:</p> <ul style="list-style-type: none"> • Dizziness • Blurred vision (not being able to see well) • Client may feel unsteady • Sweating • Skin may become cold • General body weakness • Collapse
ASK	one or more participants to demonstrate how someone looks when he or she faints.
ENSURE	<ul style="list-style-type: none"> • That the demonstrations are accurate.

	<ul style="list-style-type: none"> • That you thank the volunteers.
PRESENT	slides 32-35
ASK	What should you do to help a casualty who has fainted?
ENSURE	<p>that they mention the following steps:</p> <ol style="list-style-type: none"> 1. Lie casualty on his/her back. 2. Loosen the casualty's clothing (especially around the neck and waist). 3. Elevate the casualty's legs above the level of the heart to increase blood flow to the brain. 4. Ensure that the casualty gets plenty of fresh air. 5. Reassure the casualty and help her/him sit up gradually. 6. If casualty starts to feel faint again, help her/him to lie down again and raise the legs again until she/he recovers fully. 7. When he or she recovers: <ul style="list-style-type: none"> • Explain what happened • Give a cold, sweet drink and a cold splash
ASK	What should you do if the casualty does not recover or show signs of improving?
ENSURE	that they respond that if the casualty doesn't show signs of improving, they refer him or her immediately to the nearest health centre.
ASK	Where can you find reminders of these action to take in giving first aid to someone who has fainted?
ENSURE	that they respond that they can look in their ADS Seller's Manual.
MENTION	that they can find these steps on pages 18-19 of their ADS Seller's Manual.

Exercise 4 – Fainting (15 min.)	
DEMONSTRATE	how to handle a person who has fainted.
EXPLAIN	that participants are now going to practice handling a casualty who has fainted.
DIVIDE	participants into groups of three.
GIVE	<p>the following instructions:</p> <ol style="list-style-type: none"> 1. One member of the group will carry out the same steps of handling a person who has fainted that you have demonstrated on another member of the group. 2. The third member observes and comments on the practice. He or she can consult the ADS Seller's Manual, pages 18-19 to help make correct comments. 3. They will then switch roles and repeat the exercise until all three group members have practiced handling a person who has fainted.
ASK	them to look up when they have completed the exercise.
TELL	everyone to start.
CIRCULATE	to provide supportive supervision as they practice.
CALL	everyone back together when they have finished.

First Aid for Some Common Conditions – WOUNDS AND BLEEDING (1 hour)

EXPLAIN	that now you are going to examine first aid that you offer to MINOR wounds and bleeding, to MAJOR wounds and bleeding, and to NOSE BLEEDING.
PRESENT	slides 36-43
ASK	What steps do you take to treat MINOR wounds and bleeding?
ENSURE	<p>that their responses include the following steps:</p> <ol style="list-style-type: none"> 1. Encourage the wound to bleed for a few minutes. 2. Apply direct pressure for ten minutes. 3. If dirty, clean the wound with antiseptic (e.g., surgical spirit,

	<p>hydrogen peroxide, etc.) and gently dry the area.</p> <ol style="list-style-type: none"> 4. Cover with sterile dressing (plaster or clean dressing). 5. Provide an antiseptic for daily cleansing.
ASK	What steps do you take to treat MAJOR wounds and bleeding?
ENSURE	<p>that their responses include the following steps:</p> <ol style="list-style-type: none"> 1. Lay victim down. 2. Carefully expose wound. 3. Apply direct pressure to the wound with a clean pad or sterile dressing. <ol style="list-style-type: none"> a. If there is an embedded object, apply pressure around <u>sides</u> of the wound. 4. When bleeding is controlled, apply a sterile dressing and bandage on top of original pad. 5. If blood seeps through the dressing, add more dressing. 6. If the wound is on a limb, raise the limb. 7. Treat for shock. 8. Arrange for transport to the nearest health facility.
ASK	for two volunteers to demonstrate how to carry out these first aid steps as part of Exercise 5 (below), pretending that the victim has a major wound in his or her leg.
EXPLAIN	that the person playing the part of the first aider should feel free to ask the other participants for reminders of the steps, as needed.
ENSURE	that the demonstration includes the correct steps.
ASK	What steps do you take to treat NOSE BLEEDING?
ENSURE	<p>that their responses include the following steps:</p> <ol style="list-style-type: none"> 1. Place the victim in a sitting position with the head bent forward. (This allows the blood to flow from the nostrils.) 2. Tell the victim to pinch the nostrils together and to breathe through the mouth for 10 minutes. 3. After ten minutes, tell him or her to release the nostrils. <ol style="list-style-type: none"> a. If the victim is still bleeding, tell him or her to pinch

	<p>again for ten minutes.</p> <p>b. If there is bleeding for over 30 minutes, refer him or her to the nearest health facility.</p> <p>4. Clean area with warm water once bleeding has stopped.</p> <p>5. Advise the victim not to speak, swallow, cough, spit, or sniff to avoid interfering with the blood clotting.</p> <p>6. Advise the victim to rest for a few hours, avoiding blowing the nose or picking any clots.</p>
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Exercise 5 – Treating a major wound (30 min.)	
DEMONSTRATE	how to treat a major wound.
EXPLAIN	that participants are now going to practice treating a wound.
DIVIDE	participants into groups of three.
GIVE	<p>the following instructions:</p> <ol style="list-style-type: none"> 1. One member of the group will carry out the same steps of treating a major wound that you have demonstrated on another member of the group. He or she may choose whether the wound is on an arm or a leg. 2. The third member observes and comments on the practice. He or she can consult the ADS Seller's Manual, page 19, to help make correct comments. 3. They will then switch roles and repeat the exercise until all three group members have practiced treating a major wound.
ASK	them to look up when they have completed the exercise.
TELL	everyone to start.
CIRCULATE	to provide supportive supervision as they practice.
CALL	everyone back together when they have finished.

First Aid for Some Common Conditions – BURNS AND SCALDS (1 hour)

EXPLAIN	that now you are going to examine how to give first aid to victims of BURNS and SCALDS.
ASK	What is the difference between a burn and a scald?
ENSURE	that they respond (in their own words): <ul style="list-style-type: none"> • A BURN is an injury caused by contact with dry heat (such as hot metal, iron box, hot knife, fire wood, etc.). • A SCALD is a burn that occurs as a result of contact with hot liquid or steam.
EXPLAIN	that there are 5 or 6 steps in giving first aid for burns and scalds, and you are going to share them with the participants now.
PRESENT	slide 46 (“First aid for burns and scalds”).
ASK	Why did I say that there are 5 <u>or</u> 6 steps to giving first aid to a victim with burns or scalds?
ENSURE	that they respond that there are 5 steps if the person has a 1 st degree burn or scald and 6 steps if the person has a 2 nd or 3 rd degree burn or scald.
PRESENT	slides 47 and 48.
ASK	participants whether they have seen 1 st , 2 nd , or 3 rd degree burns.
LISTEN	to their responses.
EXPLAIN	that you are now going to share four actions that NO ONE should take when treating burns or scalds.
PRESENT	slide 49.
ADVISE	participants to discourage people in their communities from doing any of these actions to treat a burn or a scald.

Exercise 6 – Treating a burn (15 min.)	
EXPLAIN	that participants are now going to answer questions about treating a burn.
DIVIDE	Participants into groups of three.

GIVE	<p>the following instructions:</p> <ol style="list-style-type: none"> 1. The members of the group will work together to answer all of the questions for the three scenarios they are given on cards handed out by the facilitator. 2. When they have all of the answers ready, they will raise their hands. 3. The facilitator will note which group is ready first, but will give the other groups an additional few minutes to come up with the answers. 4. The facilitator will then invite the first group to present their answers for all three scenarios. 5. The facilitator will then invite other groups to comment if they do not agree with any of the first group's answers.
TELL	everyone to start.
NOTE	which group is ready first.
GIVE	the other groups two minutes to finish answering the questions.
CALL	everyone back together at the end of the 2 extra minutes.
INVITE	the first group to give their answers.
INVITE	the other participants to comment on those answers.

TRAINER'S VERSION

HANDOUT FOR EXERCISE #6

MODULE THREE: SESSION TWO

The three questions:

1. Jane – age 3 years – was burnt by hot water on the right arm. She has blisters all over the arm. Her arm is red and painful.

a. What degree burn does she have?

Second degree burn

b. What first aid would you give?

i. Cool the burnt area by pouring cold water on it.

ii. Remove clothing and jewellery from burnt area, unless stuck to the burn.

iii. Watch for signs of shock.

iv. Place sterile gauze or a clean cloth over burn.

c. What treatment should she then receive?

Referral to the nearest health centre.

2. John – age 35 years – was burnt on the leg by chemicals at his job. There is considerable swelling and discoloration at the burn site, but he has little or no pain.

a. What degree burn does he have?

Third degree

b. What first aid would you give?

i. Cool the burnt area by pouring cold water on it.

ii. Remove clothing and jewellery from burnt area, unless stuck to the burn.

iii. Watch for signs of shock.

iv. Place sterile gauze or a clean cloth over burn.

c. What treatment should he then receive?

Referral to the nearest health centre.

3. Mary – age 26 – spilled some hot water on her arm. The skin is red, somewhat swollen, and tender. There are a few blisters.

a. What degree burn does she have?

First degree

b. What first aid would you give?

- i. Cool the burnt area by pouring cold water on it.
- ii. Remove clothing and jewellery from burnt area, unless stuck to the burn.
- iii. Advise her to keep the area clean. If she wishes, she may cover the area with sterile gauze or a clean cloth (replacing the cover if it gets dirty).

c. What treatment should she then receive?

No further treatment is needed if the burn heals. If she has questions, she can return to the ADS.

SELLER'S VERSION

HANDOUT FOR EXERCISE #6

MODULE THREE: SESSION TWO

The three questions:

1. Jane – age 3 years – was burnt by hot water on the right arm. She has blisters all over the arm. Her arm is red and painful.
 - a. What degree burn does she have?
 - b. What first aid would you give?
 - c. What treatment should she then receive?

2. John – age 35 years – was burnt on the leg by chemicals at his job. There is considerable swelling and discoloration at the burn site, but he has little or no pain.
 - a. What degree burn does he have?
 - b. What first aid would you give?
 - c. What treatment should he then receive?

3. Mary – age 26 – spilled some hot water on her arm. The skin is red, somewhat swollen, and tender. There are a few blisters.
 - a. What degree burn does she have?
 - b. What first aid would you give?
 - c. What treatment should she then receive?

First Aid for Some Common Conditions – FRACTURES (1 hour)

EXPLAIN	that now you are going to examine first aid that should be given in case of fractures.
PRESENT	slides 51-60
ASK	What is a fracture?
ENSURE	that they respond that a fracture is a <u>broken bone</u> .
ASK	What are the two main types of fractures?
ENSURE	that they respond that the two types are: <ol style="list-style-type: none"> 1. OPEN FRACTURES 2. CLOSED FRACTURES <p><i>NOTE:</i></p> <ul style="list-style-type: none"> • <i>Open fractures are also called <u>compound</u> fractures.</i> • <i>Closed fractures are also called <u>simple</u> fractures.</i>
ASK	What is an open (compound) fracture?
ENSURE	that they respond (in their own words) that it is a broken bone in which there is an open wound at the site of the fracture.
ASK	Why is an open (compound) fracture dangerous?
ENSURE	that they respond (in their own words) that it is dangerous because bacteria can get into the open wound.
ASK	What is a closed (simple) fracture?
ENSURE	that they respond (in their own words) that it is a broken bone that remains inside the skin.
ASK	How can you tell if a person has an open (compound) fracture?
ENSURE	that they respond (in their own words) that you can see the bone jutting out of the skin.
ASK	What are some other signs and symptoms of a fracture?
ENSURE	that they respond (in their own words):

	<ul style="list-style-type: none"> • Pain and swelling • Bending and twisting of the fractured site • Bleeding from the site (open fracture) • Difficulty in moving injured part • Deformity of injured part
ASK	As a first aider, what are your two main aims when a casualty has a fracture?
ENSURE	that they respond (in their own words): <ol style="list-style-type: none"> 1. To prevent movement at the injury site. 2. To arrange transfer of the casualty to the nearest health unit.
ASK	What actions should you, the first aider, take to help the casualty with a fracture?
ENSURE	that they respond (in their own words): <ol style="list-style-type: none"> 1. Apply a splint to the injured limb. 2. For upper limbs, support the injured part with an arm sling. 3. For lower limbs, tie the uninjured leg to the injured one. 4. Transfer the casualty to the health unit.
EXPLAIN	that you are going to present slides that include many of the points they have just made ... plus some information about what should NOT be done when a casualty has a fracture.
EXPLAIN	that you are going to examine a related injury, which is a DISLOCATION .
PRESENT	slides 61-65
ASK	What is a dislocation?
ENSURE	that they respond (in their own words) that it is displacement of a bone from its normal place in the body.
ASK	What parts of the body are most likely to have a dislocation?
ENSURE	that they respond (in their own words) that a dislocation usually happens at the shoulder, ankle, or hip joints.

ASK	How do you know that someone has a dislocation?
ENSURE	that they respond (in their own words) that the signs and symptoms are: <ul style="list-style-type: none"> • Severe pain • Difficulty in moving the affected joint • Restlessness • Swelling and bruising around the joint • Bending or twisting of the area
ASK	As a first aider, what actions should you take?
ENSURE	that they name the following actions: <ul style="list-style-type: none"> • Advise the casualty to keep calm and minimize movement. • Support the injured part. • Minimize movement of the injured part by applying a firm bandage. • Apply a cold compress/ice to the affected part. • Arrange for transport and transport the casualty to the hospital.
EXPLAIN	that again, as a summary, you are going to present several PPT slides that will include many of the answers they have given.

Exercise 7 – Treating a fracture or a dislocation (15 min.)	
EXPLAIN	that participants are now going to answer questions about treating a fracture or dislocation.
DIVIDE	participants into groups of three.
GIVE	the following instructions: <ol style="list-style-type: none"> 1. The members of the group will work together to answer all of the questions for the three scenarios they are given on cards handed out by the facilitator. 2. When they have all of the answers ready, they will raise their hands. 3. The facilitator will note which group is ready first, but will give the other groups an additional few minutes to come

	<p>up with the answers.</p> <p>4. The facilitator will then invite the first group to present their answers for all three scenarios.</p> <p>5. The facilitator will then invite other groups to comment if they do not agree with any of the first group's answers.</p>
TELL	everyone to start.
NOTE	which group is ready first.
GIVE	the other groups two minutes to finish answering the questions.
CALL	everyone back together at the end of the 2 extra minutes.
INVITE	the first group to give their answers.
INVITE	the other participants to comment on those answers.

TRAINER'S VERSION

HANDOUT FOR EXERCISE #7

MODULE THREE: SESSION TWO

The three questions:

1. Thomas – age 15 years – hurt his leg in a football game he was playing with his friends. His lower leg is swollen and very painful – so painful that he cannot stand on it. His friends have to carry him to visit you at the ADS.

a. What kind of fracture does he have?

Closed fracture

b. What first aid would you give?

- Apply a splint to the injured limb

- Support the injured part: because it is a lower limb, tie the uninjured leg to the injured one

c. What would you then do?

- Transfer him to the hospital

2. Sarah – age 5 years – has injured her arm when she fell out of a tree that she was climbing. Her arm is twisted, and there is bleeding where it looks as though the bone is sticking out.

a. What kind of fracture does she have?

Open fracture

b. What first aid would you give?

- Apply a splint to the injured limb

- Support the injured part: because it is an upper limb, provide an arm sling.

c. What would you then do?

Transfer her to the hospital

3. Patience – age 35 – slipped and fell while carrying food and water back to her home. She has great pain in her shoulder and cannot move her arm

a. What has happened to Patience?

Her shoulder is likely dislocated.

b. What first aid would you give?

Try to prevent movement of the shoulder

c. What would you then do?

Transfer her to the hospital

PARTICIPANT'S VERSION

HANDOUT FOR EXERCISE #7

MODULE THREE: SESSION TWO

The three questions:

1. Thomas – age 15 years – hurt his leg in a football game he was playing with his friends. His lower leg is swollen and very painful – so painful that he cannot stand on it. His friends have to carry him to visit you at the ADS.
 - a. What kind of fracture does he have?
 - b. What first aid would you give?
 - c. What would you then do?
2. Sarah – age 5 years – has injured her arm when she fell out of a tree that she was climbing. Her arm is twisted, and there is bleeding where it looks as though the bone is sticking out.
 - a. What kind of fracture does she have?
 - b. What first aid would you give?
 - c. What would you then do?
3. Patience – age 35 – slipped and fell while carrying food and water back to her home. She has great pain in her shoulder and cannot move her arm
 - a. What has happened to Patience?
 - b. What first aid would you give?
 - c. What would you then do?

First Aid for Some Common Conditions – POISONING (1 hour)

EXPLAIN	that you are now going to examine what first aid you can offer to a victim of poisoning, whether from inhaled poisons, swallowed poisons, or skin contact poisons.
PRESENT	slides 66-73
ASK	What is the first aim of the first aider when a casualty has been poisoned?
ENSURE	that they respond in their own words that it is to maintain the casualty's open airway, breathing, and circulation.
ASK	What actions do you take when it is an <u>inhaled</u> poison?
ENSURE	that they respond in their own words: <ol style="list-style-type: none"> 1. Remove victim to open air or open windows. 2. If possible, cut off source of poison. 3. Make initial assessment. <ul style="list-style-type: none"> ✓ If victim is breathing but unconscious, place in recovery position and monitor (DR ABC). ✓ If victim has stopped breathing, start resuscitation. 4. Refer to health facility as soon as possible.
ASK	What actions do you take when it is a <u>swallowed</u> poison?
ENSURE	that they respond in their own words: <ol style="list-style-type: none"> 1. Make initial assessment. <ul style="list-style-type: none"> ✓ If victim is unconscious, put in recovery position, monitor (DR ABC) and be prepared to resuscitate. ✓ If victim is conscious, place in recovery position and try to find out what he or she has taken. 2. Collect container(s) that held poison. 3. Do not induce vomiting. 4. If victim has taken a corrosive poison, give frequent sips of water or milk. 5. If resuscitation is required, use a barrier to protect yourself. 6. Refer the casualty to the nearest health unit for further management.

	<p>7. Send with the casualty:</p> <ul style="list-style-type: none"> ✓ Containers that held poison ✓ Sample of casualty’s vomits, if she or he vomits
ASK	What actions do you take when it is a <u>skin contact</u> poison?
ENSURE	<p>that they respond in their own words:</p> <ol style="list-style-type: none"> 1. Make initial assessment. 2. Do NOT touch affected area with bare hands. 3. Remove any clothing contaminated by poison, if it is safe. 4. Wash away the poison with large amounts of water. <ul style="list-style-type: none"> ○ Avoid splashing contaminated water onto yourself or into the victim’s eyes, mouth, or nose. ○ If chemical burns, keep splashing with water for at least 20 minutes. ○ Do not re-use the same water. 5. Try to preserve victim’s privacy, if possible. 6. If victim is unconscious, place into recovery position & monitor (DR ABC). 7. Be prepared to resuscitate. <ul style="list-style-type: none"> ○ Use barrier if face is contaminated. 8. If no improvement, refer to nearest health unit.
EXPLAIN	that participants will find information about how to handle poisoning in their ADS Seller’s Manual on pages 31-33.

Exercise 8 – Treating a person who has been poisoned (15 min.)	
EXPLAIN	that participants are now going to answer questions about treating a person for poisoning.
DIVIDE	participants into groups of three.
GIVE	<p>the following instructions:</p> <ol style="list-style-type: none"> 1. The members of the group will work together to answer all of the questions for the three scenarios they are given on cards handed out by the facilitator.

	<ol style="list-style-type: none"> 2. When they have all of the answers ready, they will raise their hands. 3. The facilitator will note which group is ready first, but will give the other groups an additional few minutes to come up with the answers. 4. The facilitator will then invite the first group to present their answers for all three scenarios. 5. The facilitator will then invite other groups to comment if they do not agree with any of the first group's answers.
TELL	everyone to start.
NOTE	which group is ready first.
GIVE	the other groups two minutes to finish answering the questions.
CALL	everyone back together at the end of the 2 extra minutes.
INVITE	the first group to give their answers.
INVITE	the other participants to comment on those answers.

TRAINER'S VERSION
HANDOUT FOR EXERCISE #8
MODULE THREE: SESSION TWO

The three questions:

1. A mother brings her 3-year-old daughter, Ann, into the shop. Mary found her grandfather's packet of medicine and swallowed some tablets. The mother does not know how many tablets or what the medicine is. The child is unconscious. What do you do?
 - a. What kind of poisoning does Ann have? **Swallowing unknown prescription medicine**
 - b. What first aid would you give? **Assess Ann to see if she is having trouble breathing (DR ABC).**
 - c. What would you then do? **Refer the mother to the nearest health facility and tell her to take the packet that held the tablets with her.**
2. Joseph, aged 22, comes into the shop having spilled some battery acid on his leg. It is burning, but not blistering. What do you do?
 - a. What kind of poisoning does Joseph have? **Chemical burn on skin**
 - b. What first aid would you give? **Cut away pant leg. Pour water on the affected area for 20 minutes.**
 - c. What would you then do? **Advise Joseph to take Panadol for pain. Tell him to go to the health facility if blisters form or if the pain does not go away.**
3. Peter carries his 30-year-old wife, Gladys, into the shop. She had been cleaning the floor with a combination of ammonia and JIK when she passed out. What do you do?
 - a. What kind of poisoning does Gladys have? **Inhalation of toxic fumes caused by a reaction between ammonia and bleach.**
 - b. What first aid would you give? **Assess Gladys to see if she is breathing (DR ABC). If not, start resuscitation.**
 - c. What would you then do? **Tell Peter to get her to the health facility as soon as possible.**

PARTICIPANT'S VERSION

HANDOUT FOR EXERCISE #8

MODULE THREE: SESSION TWO

The three questions:

1. A mother brings her 3-year-old daughter, Ann, into the shop. Mary found her grandfather's packet of medicine and swallowed some tablets. The mother does not know how many tablets or what the medicine is. The child is unconscious. What do you do?
 - a. What kind of poisoning does Ann have?
 - b. What first aid would you give?
 - c. What would you then do?
2. Joseph, aged 22, comes into the shop having spilled some battery acid on his leg. It is burning, but not blistering. What do you do?
 - a. What kind of poisoning does Joseph have?
 - b. What first aid would you give?
 - c. What would you then do?
3. Peter carries his 30-year-old wife, Gladys, into the shop. She had been cleaning the floor with a combination of ammonia and JIK when she passed out. What do you do?
 - a. What kind of poisoning does Gladys have?
 - b. What first aid would you give?
 - c. What would you then do?

First Aid for Some Common Conditions – STINGS AND BITES (1 hour)

PRESENT	slide 74
EXPLAIN	that in this session, you are going to examine what a first aider can do to help victims of insect stings, animal bites, and snake bites.

Insect stings

EXPLAIN	that you are going to start out by examining what first aid you can offer to a victim of insect stings.
PRESENT	slides 75-79
ASK	What is the main aim of the first aider when a victim has received one or more insect bites?
ENSURE	that they respond in their own words that it is to relieve pain and swelling.
ASK	How do you know that an individual has received one or more insect stings?
ENSURE	that they respond in their own words: <ul style="list-style-type: none"> • The person tells them so. • The person complains of: <ul style="list-style-type: none"> ○ Sharp stinging pain ○ Whiteness at the point of bite ○ Swelling and redness of the affected site ○ Restlessness
ASK	What first aid actions do you take to help the person?
ENSURE	that they respond in their own words: <ol style="list-style-type: none"> 1. Remove casualty from danger. 2. Reassure casualty. 3. Remove stingers with fingernails, if visible, or with tweezers or knife blade, if available. 4. Apply cold water or ice pack against the affected area for at least 10 minutes.

	<p>5. Give Piriton or Cetirizine for 3 days to relieve the itching.</p> <p>6. Refer the client to the health centre, if necessary.</p>
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Animal bites

EXPLAIN	that you are going to continue now by examining what first aid you can offer to a victim of animal bites.
PRESENT	PPT slides 80-84
ASK	What are the main aims of the first aider when a victim has received one or more animal bites?
ENSURE	that they respond in their own words that it is to: <ul style="list-style-type: none"> • Control bleeding • Minimize the risk of infection
ASK	What are the signs and symptoms that an animal (such as a dog) has rabies?
ENSURE	that they respond in their own words that they are showing: <ul style="list-style-type: none"> • Wild behaviour • Very restless behaviour • Foaming around the mouth
ASK	What should you (the first aider) do if you suspect that the casualty has been bitten by an animal with rabies?
ENSURE	that they respond in their own words that they should refer the casualty to the nearest health unit immediately.
Ask	What actions should you take if it does not seem likely that the animal has rabies?
ENSURE	that they respond in their own words: <ol style="list-style-type: none"> 1. Put on disposable gloves, if available. 2. Wash the bitten part with plenty of water and soap to prevent infection. 3. Reassure the casualty.

	<ol style="list-style-type: none"> 4. Control any bleeding by pressing firmly. 5. Cover the wound lightly with sterile gauze or adhesive plaster. 6. Refer the casualty immediately to the nearest health unit.
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Snake bites

ASK	What are the aims of the first aider when a casualty has been bitten by a snake?
ENSURE	<p>that they respond in their own words:</p> <ul style="list-style-type: none"> • Reassure the victim. • Prevent spread of snake poison. • Get urgent medical help.
ASK	What first aid actions should you take to help the casualty?
ENSURE	<p>that they respond in their own words that they should:</p> <ol style="list-style-type: none"> 1. Wash the wound with soap and water, if available. 2. Reassure the victim to reduce anxiety. 3. Keep the victim at rest, lying down with the affected part level to his/her heart. 4. If the bite is on a limb, apply a pressure bandage to immobilize the area; apply a splint if necessary. 5. Immediately refer the client to a health centre III or IV.
ASK	What should you NOT do?
ENSURE	<p>that they respond in their own words that they should <u>not</u>:</p> <ul style="list-style-type: none"> • Cut the wound • Apply suction to the wound • Use a tourniquet or constricting bandage • Apply or inject chemicals or medicines into the wound • Use ice on the wound

Exercise 9 – Treating a person who has been stung or bitten (30 min.)	
EXPLAIN	that participants are now going to answer questions about treating a person who has been stung or bitten.
DIVIDE	participants into groups of three.
GIVE	<p>the following instructions:</p> <ol style="list-style-type: none"> 1. The members of the group will work together to answer all of the questions for the three scenarios they are given on cards handed out by the facilitator. 2. When they have all of the answers ready, they will raise their hands. 3. The facilitator will note which group is ready first, but will give the other groups an additional few minutes to come up with the answers. 4. The facilitator will then invite the first group to present their answers for all three scenarios. 5. The facilitator will then invite other groups to comment if they do not agree with any of the first group's answers.
TELL	everyone to start.
NOTE	which group is ready first.
GIVE	the other groups two minutes to finish answering the questions.
CALL	everyone back together at the end of the 2 extra minutes.
INVITE	the first group to give their answers.
INVITE	the other participants to comment on those answers.

TRAINER'S VERSION
HANDOUT FOR EXERCISE #9
MODULE THREE: SESSION TWO

The three questions:

1. Victoria – 10 years – sharp, stinging pain on her arm, where there are several red swellings with a white point in the middle of each.
 - a. What first aid would you give?
 - i. Remove her from danger
 - ii. Reassure her
 - iii. Remove stingers with fingernails, if visible, or with tweezers or knife blade, if available
 - iv. Apply cold water or ice pack against the affected area for at least 10 minutes.
 - b. What would you then do?
 - i. Give Piriton or Cetirizine for 3 days to relieve the itching.
 - ii. Refer the client to the health centre, if she needs any additional treatment.
2. Kenneth, aged 25, has been bitten on the leg by a dog. The dog was acting very restless, running around wildly, and had some foaming around the mouth.
 - a. What first aid would you give?
 - i. Put on disposable gloves, if available.
 - ii. Wash the bitten part with plenty of water and soap to prevent infection.
 - iii. Reassure Kenneth.
 - iv. Control any bleeding by pressing firmly.
 - v. Cover the wound lightly with sterile gauze or adhesive plaster.
 - b. What would you then do?
 - i. **REFER** Kenneth immediately to the hospital or the nearest health unit

3. Rashida, aged 14 years, has been bitten on the arm by a snake.

a. What first aid would you give?

- i. Wash the wound with soap and water, if available.
- ii. Reassure Rashida to reduce anxiety.
- iii. Keep her at rest, lying down with her arm level to her heart.
- iv. Because the bite is on a limb, apply a pressure bandage to immobilize the area; apply a splint if necessary.

b. What would you then do?

- i. **REFER** her immediately to a health centre III or IV.

PARTICIPANT'S VERSION

HANDOUT FOR EXERCISE #9

MODULE THREE: SESSION TWO

The three questions:

1. Victoria – 10 years – sharp, stinging pain on her arm, where there are several red swellings with a white point in the middle of each.
 - a. What first aid would you give?
 - b. What would you then do?
2. Kenneth, aged 25, has been bitten on the leg by a dog. The dog was acting very restless, running around wildly, and had some foaming around the mouth.
 - a. What first aid would you give?
 - b. What would you then do?
3. Rashida, aged 14 years, has been bitten on the arm by a snake.
 - a. What first aid would you give?
 - b. What would you then do?

SESSION THREE: CLIENT ASSESSMENT

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Demonstrate the steps that an ADS seller can use to accurately diagnose and manage selected disease conditions in clients. 2. Describe at least two ways that social and cultural beliefs in the community affect the diagnosis and management of disease. 	
DURATION:	2 hr. 30 min.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers 	<ul style="list-style-type: none"> • Notebooks and pens • ADS Seller’s Manual • SOPs
PREPARE IN ADVANCE:	<p>Copies of the handout Client Assessment Guide</p>	

Client Assessment (45 min.)

EXPLAIN	<p>that it is important for the ADS seller to know the key questions to ask each time a client comes to the drug shop with a problem.</p> <p>The answers to those questions will help you, the ADS seller, understand how to help the client with that problem.</p>
PRESENT	slides 1-11
ASK	participants to complete this sentence: “Client assessment is the process by which the ADS seller ...
ENSURE	<p>that they state (in their own words):</p> <ul style="list-style-type: none"> • Obtains information about the client and his or her condition. • Evaluates the information to help identify how to manage the client’s condition.
ASK	From whom can the ADS get information about the client?

ENSURE	<p>that they respond:</p> <ul style="list-style-type: none"> • From clients themselves • From family members • From caregivers
ASK	<p>What kinds of information do you, the ADS seller, need to have about the client?</p>
ENSURE	<p>that participants mention the following kinds of information:</p> <ul style="list-style-type: none"> • Complaints/symptoms from the client in his or her own words. • Recent history that pertains to those symptoms. • Medications that have been taken. • Medication history, including compliance and adverse effects. • Allergies • Age • Social and family history, etc.
ASK	<p>What qualities or skills do you, the ADS seller, need to demonstrate to help the client or caregiver feel comfortable and confident about sharing information about his or her problem?</p>
ENSURE	<p>that they mention (in their own words):</p> <ul style="list-style-type: none"> • Active listening • Putting oneself in the shoes of the client • Non-judgmental attitude • Kindness • Language of communication
ASK	<p>What do you mean by “active listening”?</p>
ENSURE	<p>that they include the following points in their explanation of “active listening”:</p> <ul style="list-style-type: none"> • Listening carefully to what the other person says. • Restating in your own words what the other person has said. • Asking whether this means that you have correctly understood the other person.

ASK	<ul style="list-style-type: none"> • What do you mean by “Putting yourself in the shoes of the client”?
ENSURE	<p>that they include the following point in their explanation of “Putting yourself in the shoes of the client”:</p> <ul style="list-style-type: none"> • Imagining how you would feel if you had the same problem.
ASK	What do you mean by “non-judgmental attitude”?
ENSURE	<p>that they include the following point in their explanation of “non-judgmental attitude”:</p> <ul style="list-style-type: none"> • Showing no indication – by facial expression, gesture, or words – that you disapprove of what the client has said.
ASK	What do you mean by “language of communication”?
ENSURE	<p>that they include the following points in their explanation of “language of communication”:</p> <ul style="list-style-type: none"> • Using words that the client can easily understand. • Avoiding the use of jargon and medical terms.
ASK	What are the benefits of making the client/caregiver feel comfortable and confident about sharing information with you?
ENSURE	<p>that they include the following points in their answers:</p> <ul style="list-style-type: none"> • The ADS seller will get more information about the problem. • The ADS seller will be better able to evaluate the problem. • The ADS seller will be better able to help manage or even solve the problem.

Client Assessment Steps (1 hr. 30 min.)

GIVE	each participant a copy of the job aid, “Client Assessment Guide” (included at the end of this session plan).
ASK	participants to take turns reading each of the client assessment steps listed in the job aid.
EXPLAIN	that in a few minutes, they are all going to practice using the job aid to do client assessment. First, you would like two volunteers to demonstrate

	how to do client assessment using the job aid.
SELECT	two of the people who volunteer, and tell them which person will be the ADS seller and which will be the client.
EXPLAIN	that for this demonstration and for the practice that all participants will do shortly, everyone should focus more on getting the information they need to evaluate the client's condition than on identifying the appropriate treatment for the condition. This is because they have not yet learned about many of the diseases and conditions. What is important here is how well the ADS seller is able to get the information he or she needs to diagnose the problem.
TAKE	the "client" aside and explain quietly (so that the "seller" cannot hear) that he or she has the following problems: <ul style="list-style-type: none"> • At times, feeling very hot • At times, feeling very cold • Little energy • This all started a few days ago
TELL	the volunteers where to do the demonstration and to begin. NOTE: Ensure that the other participants can all see and hear the demonstration clearly.
THANK	the two volunteers when they have finished.
INVITE	the other participants to say the following: <ol style="list-style-type: none"> 1. What the ADS seller did well. 2. What the ADS seller could improve.
ENSURE	that the comments are stated in a helpful way.
EXPLAIN	that participants will now practice doing client assessment using the Client Assessment Guide.
DIVIDE	them into groups of three: <ul style="list-style-type: none"> • One plays the role of the ADS seller • One plays the role of the client • One is the observer

EXPLAIN	<p>just as they have done in earlier sessions:</p> <ol style="list-style-type: none"> 1. The observer will watch the “seller” and the “client” as they do their role play. 2. When they have finished the role play, he or she will comment on what each has done well and what each could improve. 3. They will take turns playing these roles until all three members of the group have had a turn playing the role of the ADS seller.
POST	<p>on flipchart paper the following sicknesses the “clients” should have:</p> <ol style="list-style-type: none"> 1. Adult female – pregnant – fever and chills for 3 days; little energy 2. Child – 6 years old – diarrhoea for the past 2 days 3. 17-year-old boy – pain when he urinates (STI)
TELL	them to begin.
CIRCULATE	and observe the role plays.
CALL	everyone back together when all of the groups have finished their practice.

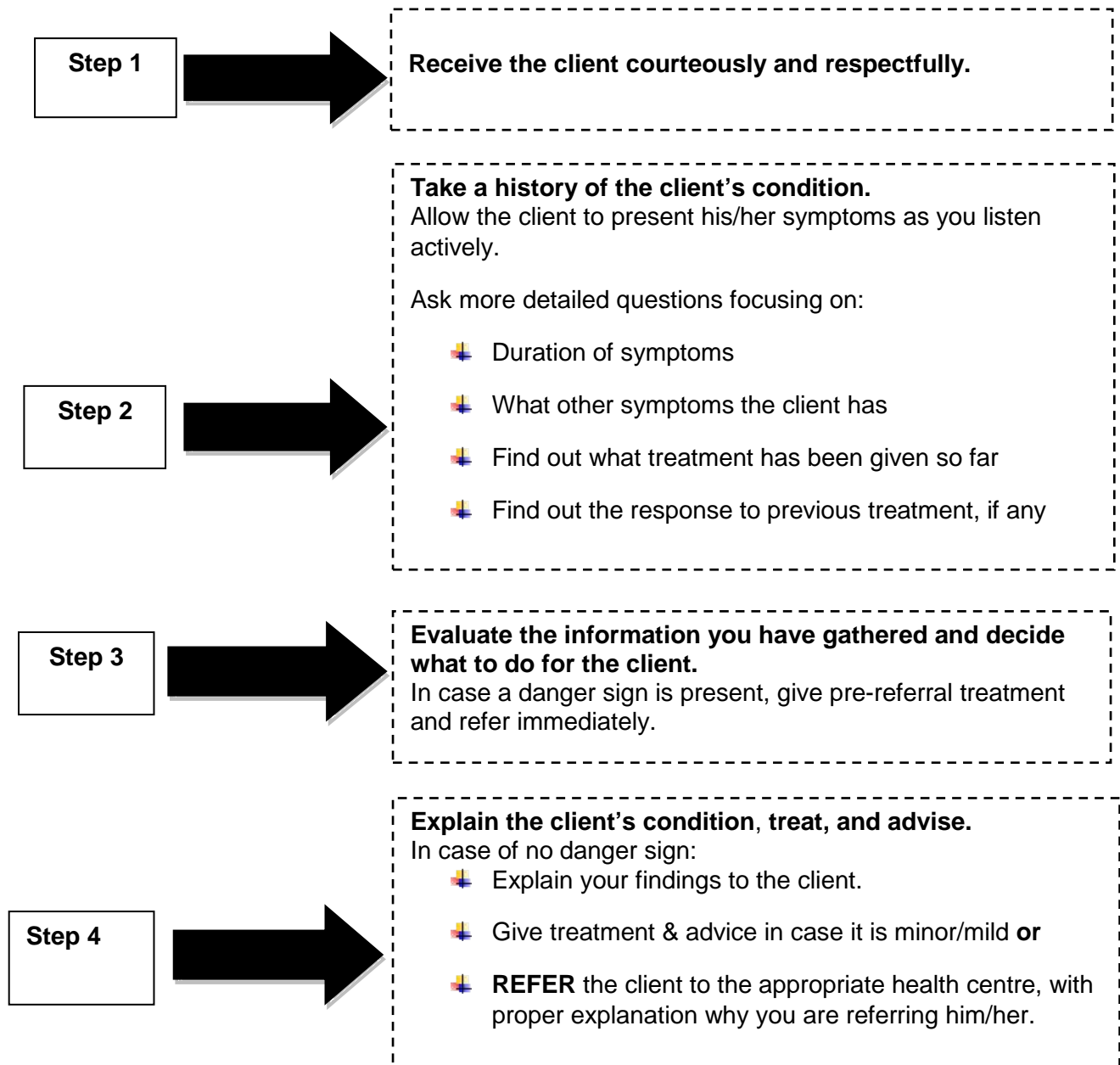
The Influence of Community and Family Beliefs and Practices (30 min.)

EXPLAIN	that there is one other aspect of client assessment that you would like them all to consider: community and family beliefs and practices that influence what people do.
ASK	for some examples of beliefs and practices that might influence the decisions people make about health and sickness.
LISTEN	to their responses.
ASK	participants to share any examples they have of how understanding those beliefs and practices has helped them do client assessment.
LISTEN	to their responses.
ADD	that participants will find some additional information about how community and family beliefs and practices influence the decisions that people make in their ADS Seller’s Manuals on page 36.

	They will also find a copy of the iCCM Job Aid on page 41-43.
THANK	participants for their good work.

Handout: CLIENT ASSESSMENT GUIDE

Steps in assessing the client:



SESSION FOUR: ASSESSMENT AND CARE OF A SICK CHILD UNDER FIVE YEARS

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Describe the steps that an ADS seller should use to assess a sick child younger than 5 years of age. 2. Name the danger signs in children 2 months to 5 years that require immediate referral. 3. For each of the danger signs, state the pre-referral treatment the ADS seller should provide to the child. 	
DURATION:	4 hr. 30 min.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • Flip charts and markers • Notebooks and pens • ADS Seller’s Manual 	<ul style="list-style-type: none"> • SOPs • iCCM Job Aid
PREPARE IN ADVANCE:	<p>iCCM job aid</p> <p>Worksheets for exercise 2</p>	

Introduction and Explanation (5 min.)

EXPLAIN	<p>that in this session, participants will strengthen their knowledge and skills in assessing a sick child under 5 years of age.</p> <p>We will spend much of our time examining how to assess the sick child with fever, diarrhoea, or upper respiratory tract infections, but the ADS seller can use the same process to examine a sick child with other conditions as well.</p> <p>Another important skill that participants will strengthen in this session is how to recognize <i>danger signs</i> in children under 5 years of age.</p>
GIVE	a copy of the iCCM Job Aid for the Sick Child to every participant.
EXPLAIN	that the ADS seller should use this job aid every time to help him or her do the assessment of a sick child.

iCCM Job Aid for the Sick Child: Steps 1 & 2 (30 min.)

REVIEW	Step one: Ask the caregiver the age of the child.
ASK	Why does the ADS seller need to know <u>the age</u> of the child?
ENSURE	that participants mention the following: <ul style="list-style-type: none"> • To calculate the dose of any medicine. • In case there are any contraindications of the medicine or the treatment related to the child’s age.
REVIEW	Step two: Ask what the child’s problems are.
ASK	Why does the ADS seller need to know <u>how long</u> the child has had the problem or problems?
ENSURE	that participants mention the following: <ul style="list-style-type: none"> • To help the ADS seller know what treatment or advice to give. • To help the ADS seller know whether to refer the child.
ASK	Why does the ADS seller ask about <u>fast breathing</u> if the child has a cough?
ENSURE	that participants mention the following: <ul style="list-style-type: none"> • Fast breathing in a child younger than 5 is very serious. • A child younger than 5 years who has fast breathing must be referred for more specialized care.
EXPLAIN	that participants are going to learn how to <i>measure</i> a child’s breathing later in this training. For now, they need to know how many breaths per minute indicate that a young child has “fast breathing.”
ASK	all participants to take a moment now to read and memorize the “breaths per minute” that indicate that a child has “fast breathing” for each of the three age groups on the job aid [GIVE THEM 2 MINUTES TO DO SO].
EXPLAIN	that they are now going to do an exercise to ensure that they can remember how many breaths per minute indicate that a young child has “fast breathing.”

Exercise 1: Fast breathing (15 min.)

NOTE: it would be very helpful for two trainers to demonstrate how to carry out this exercise.

EXPLAIN	<p>that every participant is to turn to the person next to him or her, and the two will take turns doing the following:</p> <p><u>Part 1</u> – Person 1 holds the iCCM Job Aid, Person 2 works from memory.</p> <ol style="list-style-type: none"> 1. <i>Person 1 mentions an age (such as 2-11 months).</i> 2. Person 2 has to state how many breaths per minute means the child has “fast breathing.” 3. Person 1 confirms that Person 2 has given the correct answer or tells Person 2 to try again. 4. <i>Person 1 mentions another age (such as 0-7 days).</i> 5. Person 2 has to state how many breaths per minute means the child has “fast breathing.” 6. Person 1 confirms that Person 2 has given the correct answer or tells Person 2 to try again. 7. <i>Person 1 mentions the third age (such as 1-5 years).</i> 8. Person 2 has to state how many breaths per minute means the child has “fast breathing.”
EXPLAIN	<p>that they will switch places and repeat the same steps. In other words:</p> <p><u>Part 2</u> – Person 2 holds the iCCM Job Aid, Person 1 works from memory, and they repeat the process.</p>
ASK	<p>them to all look at you and sit quietly when they have finished.</p>

iCCM Job Aid for the Sick Child: Step 3 (30 min.)

REVIEW	Step 3: Ask and look for DANGER SIGNS.
ASK	What are the five danger signs that mean a child must be referred right away?

ENSURE	that they name all five: <ol style="list-style-type: none"> 1. Vomiting 2. Chest in-drawing 3. Convulsions 4. Not able to breastfeed or drink 5. Very sleepy or unconscious
ASK	What are 2 danger signs that you must look for in a newborn?
ENSURE	that they name both: <ol style="list-style-type: none"> 1. Infected umbilical cord 2. Many skin pustules
ASK	Would you refer a 2-year-old child who has had a cough for 7 days and no other symptoms?
ENSURE	that they answer no – not for that symptom alone.
ASK	Would you refer a 4-year-old child who has had a fever for 3 days and no other symptoms?
ENSURE	that they answer no – not for that symptom alone.
PRESENT	the video that demonstrates the assessment of the child under 5 year of age for danger signs.

iCCM Job Aid for the Sick Child: Step 4a (30 min.)

REVIEW	Step 4a: Pre-referral treatment.
ASK	Why is it necessary to give these treatments to the sick child before referring him or her for more specialized health care?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> • Children under 5 years are at great risk of serious illness or death. • To prevent the child from getting sicker before arriving at the health unit.
ASK	Do you need to memorize all of the information in this page (pre-referral treatment)?

ENSURE	that they say no; they can refer to the job aid, as needed.
ASK	Do you have any questions?
ANSWER	the questions you can answer. If you do not have an answer, tell the participants you will get it; and then be sure to do so.
EXPLAIN	that they are now going to do an exercise to practice using the guidance in ICCM Job Aid #4a to identify the correct pre-referral treatment to give a child with one or more danger signs.

Exercise 2: Pre-referral treatment (30 min.)

EXPLAIN	<ol style="list-style-type: none"> 1. You are going to give every participant a worksheet² of questions. 2. He or she will answer all of the questions individually. 3. Everyone can use 4a. Pre-referral treatment to help answer the questions. 4. Look up as soon as they have finished.
TELL	<p>them to start.</p> <p>When they have all finished ...</p>
ASK	everyone to exchange his or her paper with the person beside him or her.
ASK	participants for the answer to question 1.
ENSURE	that the correct answer has been given.
TELL	<p>participants to mark that answer on the sheet of paper in front of them in this way:</p> <ul style="list-style-type: none"> • If it is correct, put a check mark next to the answer. • If it is wrong, put a small x next to the answer.

² The worksheet appears at the end of this session.

REPEAT	this process until all of the questions have been answered correctly.
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iCCM Job Aid for the Sick Child: Steps 4b & 4c (30 min.)

REVIEW	Steps 4b and 4c: Treat and advise.
ASK	What treatment would you give a 3-year-old child who has had a cough with fast breathing for 12 days?
ENSURE	that they answer: <ul style="list-style-type: none"> • Give the caregiver Amoxicillin (250 mg each). • Advise the caregiver to give one tablet three times daily for 5 days. • Help the caregiver give the first dose of “Amoxicillin” now.
ASK	What treatment would you give a 6-month-old child who has had diarrhoea for 10 days?
ENSURE	that they answer: <ul style="list-style-type: none"> • Help the caregiver mix and give ORS (now and until the child is no longer thirsty). • Give the caregiver 2 ORS packets to take home. • Advise the caregiver to give as much as the child wants, but at least ½ cup ORS after each loose stool. • Give the caregiver 5 Zinc tablets and instruct her or him to give the child ½ tablet per day for 10 days. • Help the caregiver break one Zinc tablet and give the child the first dose.
ASK	What treatment would you give a 2-year-old child who has had fever for 4 days and a positive rapid diagnostic test (RDT)?
ENSURE	that they answer: <ul style="list-style-type: none"> • Give the caregiver 6 tablets of artemether/lumefantrine (20/120 mg tab).

	<ul style="list-style-type: none"> • Tell the caregiver to give the child 1 tablet a day for 3 days. • Help the caregiver give the first dose now. • Give the caregiver 15 Paracetamol tablets. • Tell the caregiver to give the child 1 Paracetamol tablet three times a day for 5 days. • Help the caregiver give the first dose of Paracetamol now.
ASK	What treatment would you give a 10-month-old child who has had fever for 5 days and a negative RDT?
ENSURE	<p>that they answer:</p> <ul style="list-style-type: none"> • Give the caregiver oral Amoxicillin. • Advise the caregiver to give the child 125 mg three times daily for 5 days. • Help the caregiver give the first dose of Amoxicillin now. • Give the caregiver 15 Paracetamol tablets (125 mg. each) • Tell the caregiver to give the child 1 Paracetamol tablet three times a day for 5 days. • Help the caregiver give the first dose of Paracetamol now.

iCCM Job Aid for the Sick Child: Step 5 (20 min.)

REVIEW	Step 5: Advice for caregivers of all children treated at home.
ASK	Of these four areas of advice, which one will probably take the most time for you to share with the caregivers?
ENSURE	that they answer that the advice about when to take the child to the health facility will take the longest to give.
ASK	Why?
ENSURE	that they answer because it means teaching the caregiver the signs to watch for that indicate that the child is in danger.

iCCM Job Aid for the Sick Child: Step 6 (20 min.)

REVIEW	Step 6: Routine care for the newborn.
ASK	When do you think you, as an ADS seller, will give these pieces of advice to the mother or father of a newborn?
LISTEN	to their answers.
REMIND	participants that they can find information about assessment of the sick child younger than 5 in their ADS Seller’s Manual on pages 38-42.

Exercise 3: Applying the iCCM approach (1 hr.)

EXPLAIN	<p>that participants are now going to practice applying the iCCM approach.</p> <ul style="list-style-type: none"> • They will work in small groups. • Each group will receive a brief description of a sick child. • The group will have 15 minutes to prepare a short role play of how the ADS would apply the iCCM approach to assess and decide on treatment of the child. • Each group will then have 5 minutes to present its role play to the other participants, who will have a few minutes to comment.
DIVIDE	<p>them into 8 groups.</p> <p>NOTE: Ensure that each group has at least 2 members.</p>
GIVE	each group one of the scenarios included below.
TELL	them that they have 15 minutes to prepare their role plays and they should begin now.
CIRCULATE	to provide assistance, if needed.
CALL	all participants together after 15 minutes.
REMIND	everyone that each group has 5 minutes to present its role play, and then everyone else may offer a few short comments about the role play.

INVITE	the first group to present its role play.
LEAD	the other participants in applauding for the group when it has finished.
ASK	the other participants what comments, if any, they have. (NOTE: Allow only a few comments per role play.)
REPEAT	this process until all of the role plays have been presented.
THANK	everyone for their good efforts.

Scenarios for the role plays

Jessica is a 3-year-old with diarrhoea with blood.
Francis is a 4-year-old with fever for three days.
Walakira is a 3-year-old boy without fever, fast breathing or chest in drawing. He has been coughing for more than 21 days.
Lawrence is a very small 2-day old newborn.
Edinah is a 3-year-old girl with chest in drawing without fast breathing.
Sekitoleko is a 2-year-old who is unconscious without fever.
Godfrey is a 6-week old with fever.
Robert is a 4-year old with fever. He is very sleepy or unconscious.

Note to the Trainer

The job aid has been modified from the original iCCM job aid to incorporate the use of RDTs to confirm malaria before administering artemisinin-based combination therapies (ACT).

TRAINER'S VERSION
HANDOUT FOR EXERCISE #2
MODULE THREE: SESSION FOUR

Questions about pre-referral treatment of children under five		
QUESTION	TRUE	FALSE
1. You should REFER a 3-year-old child that has diarrhoea with bloody stool.	X	
2. You should REFER a 10-month-old child because she has had diarrhoea for 14 days. The only pre-treatment you should give is ORS. <ul style="list-style-type: none"> • You should also give Zinc as pre-treatment – 1 tab per day for 10 days 		X
3. You have determined that a 6-month-old boy has fast breathing and are going to REFER him. You should give the child 125 mg of Amoxicillin before referring him.	X	
4. A mother brings her 6-month old child to the ADS because the little girl will not stop crying. You count her breaths, and they are 45 breaths per minute, but she is still crying. When you soothe her and she stops crying, her breathing is 30 breaths per minute. You decide she does not have fast breathing and examine her for other symptoms.	X	
5. You should REFER a child under 5 that has had fever (no other symptoms) for 2 days.		X
6. You should REFER a child under 5 that has had fever (no other symptoms) for 7 days.	X	
7. You decide to REFER a 10-month old girl because she has had fever for 9 days. Before her mother takes the girl, you help her give the child: <ul style="list-style-type: none"> • 1 tab of artemether/lumefantrine (20/120 mg) • 125 mg. tab of Paracetamol 	X	
8. You decide to REFER a 2-year-old boy who is vomiting everything and has fever. Before sending him with his mother, you give him: <ul style="list-style-type: none"> • Rectal artesunate, 1 cap (2 caps) • Oral Paracetamol, 125 mg (250 mg) 		X

<p>9. A father comes to the ADS to ask you what to do. The umbilical cord of his newborn boy is very red. He says it looks "angry." You REFER the child immediately.</p>	<p>X</p>	
<p>10. The parents of a 4-year-old girl bring her to you, telling you she just had convulsions. Now she is very quiet and looks exhausted. You tell them to take her home and to bring her back if the convulsions return.</p> <p>REFER her immediately.</p>		<p>X</p>

PARTICIPANT'S VERSION
HANDOUT FOR EXERCISE #2
MODULE THREE: SESSION FOUR

Questions about pre-referral treatment of children under five		
QUESTION	TRUE	FALSE
1. You should REFER a 3-year-old child that has diarrhoea with bloody stool.		
2. You should REFER a 10-month-old child because she has had diarrhoea for 14 days. The only pre-treatment you should give is ORS.		
3. You have determined that a 6-month-old boy has fast breathing and are going to REFER him. You should give the child 125 mg of Amoxicillin before referring him.		
4. A mother brings her 6-month-old child to the ADS because the little girl will not stop crying. You count her breaths, and they are 45 breaths per minute, but she is still crying. When you soothe her and she stops crying, her breathing is 30 breaths per minute. You decide she does not have fast breathing and examine her for other symptoms.		
5. You should REFER a child under 5 that has had fever (no other symptoms) for 2 days.		
6. You should REFER a child under 5 that has had fever (no other symptoms) for 7 days.		
7. You decide to REFER a 10-month-old girl because she has had fever for 9 days. Before her mother takes the girl, you help her give the child: 1 tab of artemether/lumefantrine (20/120 mg) 125 mg tab of Paracetamol		
8. You decide to REFER a 2-year-old boy who is vomiting everything and has fever. Before sending him with his mother, you give him: • Rectal artesunate, 1 cap • Oral Paracetamol, 125 mg		
9. A father comes to the ADS to ask you what to do. The umbilical cord of his newborn boy is very red. He says it looks "angry." You REFER the child immediately.		

<p>10. The parents of a 4-year-old girl bring her to you, telling you she just had convulsions. Now she is very quiet and looks exhausted. You tell them to take her home and to bring her back if the convulsions return.</p>		
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SESSION FIVE: SKIN DISEASES IN CHILDREN

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Match the signs and symptoms of common skin diseases affecting children with those diseases. 2. Locate the guidelines for management of those common skin diseases in the ADS Seller's Manual. 3. Demonstrate how to advise the caregiver about treatment for the child's skin disease. 	
DURATION:	2 hr. 30 min.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens • ADS Seller's Manual 	
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Prepare the cards for Exercise 1 (see instructions below) 	

Introduction and Overview (15 min.)

PRESENT	slides 1-4
ASK	participants whether they know of local names for some of the skin diseases that are mentioned in this presentation.
WRITE	their responses on flipchart paper.
REMIND	participants that it is important to use language that their clients will understand and feel comfortable with, and so there is nothing wrong with using the local name for a skin disease if the client or caregiver knows it by that name.
EXPLAIN	<p>that during the rest of this session, you will:</p> <ol style="list-style-type: none"> 1. All examine information about these six skin diseases that are common in children: eczema, scabies, chicken pox, lice, ringworm of the head, and nappy rash.

	<p>2. Then you will all do a sorting exercise to match the skin disease with its signs and symptoms.</p> <p>3. Finally, the participants will work in small groups to prepare very short role plays about advising the caregiver how to manage the skin disease that her or his child has.</p>
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Eczema (10 min.)

PRESENT	slides 5-14
ASK	What does eczema look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Itching of the skin • Dry skin (but may sometimes produce pus or blisters)
ASK	Where do we normally see eczema on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Around the face, neck, behind knee, and arm folds.
ASK	What makes eczema worse?
ENSURE	that their responses include the following: Dryness makes it worse.
ASK	How long does eczema last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • It is chronic – it cannot be cured. • The skin rash may come and go.
EXPLAIN	that you are going to ask these same four questions for each skin disease that you will review. Later in the session, the participants will play a matching game to identify these specific aspects of each of the skin diseases we will be examining.

Nappy Rash (10 min.)

PRESENT	slides 15 - 20
ASK	What does nappy rash look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Redness of the nappy area.
ASK	Where do we normally see nappy rash on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Around the genital area.
ASK	What makes nappy rash worse?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Prolonged contact of urine or faeces on the skin. • Infrequent bathing
ASK	How long does nappy rash last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • It usually lasts a short time with prompt care.

Scabies (10 min.)

PRESENT	slides 21-27
ASK	What does scabies look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Very tiny, pimple-like rash
ASK	Where do we normally see scabies on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Between the finger webs • On the buttocks • On the palm of the hands

	<ul style="list-style-type: none"> • On the penis
ASK	What makes scabies worse?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Wounds caused by scratching.
ASK	How long does scabies last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • With proper treatment, it should disappear within 2 weeks.

Lice (10 min.)

PRESENT	slides 28-34
ASK	What does lice look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Itching of the scalp • Sores caused by scratching • Visible small eggs (nits) attached to the hair • Visible (very small) crawling insects (lice) on hair
ASK	Where do we normally see lice on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • In children, we see lice in the scalp.
ASK	What makes lice worse?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Wounds caused by scratching.
ASK	How long does lice last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • With proper treatment, it should disappear within 2 weeks.

Ringworm of the Head (10 min.)

PRESENT	slides 35-42
ASK	What does ringworm of the head look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Round scaly patches on the scalp • Loss of hair from the affected part of the head • Wounds filled with pus in severe cases • Dandruff (Situka)
ASK	Where do we normally see ringworm of the head on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • On the head
ASK	How long does ringworm of the head last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • It can last a month or more.

Chicken Pox (10 min.)

PRESENT	slides 43-52
ASK	What does chicken pox look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • Red, itchy skin rash • Severe skin itching • Mild headache • Fever • General body weakness
ASK	Where do we normally see chicken pox on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • All over the body

ASK	What makes chicken pox worse?
ENSURE	That their responses include the following: <ul style="list-style-type: none"> • Wounds caused by scratching.
ASK	How long does chicken pox last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> • 2 weeks or less

Exercise 1: Sorting game (30 min.)

PLACE	the 6 large cards that you have prepared ahead of time on different spots on the wall around the training room. NOTE: Space them as far apart as possible.
EXPLAIN	that when you read a sign or symptom of a skin disease out loud, every participant should go to stand near the name of the disease that seems to match it.
GIVE	an example: <ul style="list-style-type: none"> • Say out loud, “Rash lasting more than 1 month.” • Tell participants to move to the skin disease they think matches that symptom. • Explain that if it seems that the sign or symptom could be for more than one disease, go to one that it might be ... and wait to see what the next sign or symptom is! • Participants could go to eczema, ringworm of the head, or lice.
EXPLAIN	that everyone should feel free to consult their ADS Seller’s Manual (pages 44- 57) during the game.
START	the sorting game (see box below).
THANK	all participants for their good efforts when the game is over.

Exercise 2: Role plays – Advice for the caregiver (45 min.)

DIVIDE	participants into 6 groups.
ASSIGN	each group a skin disease. ³
EXPLAIN	<p>that each group will have 15 minutes to prepare a 5-minute role play about giving advice to the caregiver of a child that has the skin disease it has been assigned.</p> <p>Make the following clear:</p> <ol style="list-style-type: none"> 1. This role play is just about <u>advising</u> the caregiver. You have already done the diagnosis and have decided what skin disease the child has. 2. You should advise the caregiver about how to <u>manage</u> the skin disease. 3. You should also advise the caregiver about how to <u>prevent</u> the skin disease in the future.
ADD	that all group members should get involved in planning the role play, even if some will not be involved in presenting it.
TELL	the groups that they have 15 minutes to prepare and they should begin now.
CIRCULATE	to provide support and assistance, as needed.
CALL	them all back together at the end of 15 minutes.
INVITE	<p>one group to step forward and present its role play.</p> <p>NOTE: Ensure that everyone can see and hear the action.</p>
ASK	<p>other participants to comment on the role play when it is finished:</p> <ol style="list-style-type: none"> 1. What did they do well? 2. What could they improve?
INVITE	another group to step forward and present its role play.

³ The table containing the list of diseases, as well as the points that the trainer should listen for in the role plays, are included at the end of this session.

CONTINUE	in this way until all 6 groups have presented their role plays and received comments.
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Review and Wrap-up

PRESENT	slides 55 and 56
REVIEW	The “key questions to ask” when diagnosing skin diseases in children.
REMIND	Participants that the key information about these skin diseases is in their ADS Seller's Manual.

FOR THE TRAINER

Exercise 1: Sorting Game

Sign or symptom	Skin disease
1. Redness over the affected area	Nappy rash
2. Burning sensation	
1. Red, very itchy skin rash all over the body	Chicken pox
2. Mild headache	
3. Fever	
1. Itching of the hairy part of the head	Lice
2. Visible small eggs and very small crawling insects	
1. Itching of the skin	Eczema
2. Skin rash around the arm folds and neck	
3. Skin is usually dry, but sometimes there are blisters and pus	
1. Round scaly patches on the scalp	Ringworm of the head
2. Loss of hair from the affected part of the head	
1. Very tiny, pimple-like rash	Scabies
2. Itching between finger webs	

FOR THE TRAINER

Exercise 2: Role plays on advising the caregiver on how to care for the client

NOTE: All clients in this case are children from 1-5 years of age.

<i>Give this information to the groups.</i>	<i>The role plays should include this information.</i>	
Skin disease	Advice	Drug treatment
1. Eczema	<ul style="list-style-type: none"> • Keep the child’s fingernails short to avoid bruising the skin during scratching. • Avoid having the child come in contact with substances that may trigger a reaction (e.g., soap). • Avoid having the child come in contact with foods that worsen his/her symptoms (e.g., grasshoppers, meat, etc.). • The child should avoid activities that dry the skin (e.g., swimming). • The child should wear light cotton clothes to prevent over sweating. • The caregiver can apply skin moisturizers, like aqueous cream, oilatum soap, or sudo cream, to prevent the skin from drying. • The caregiver should use mild soap, such as Johnson’s baby soap, to bathe the child. 	<ol style="list-style-type: none"> 1. Apply hydrocortisone cream 1% twice daily for 1 week, then reduce the frequency of application as follows: <ul style="list-style-type: none"> ○ Apply once daily for 1 week ○ Apply once every 2 days for 1 week ○ Apply once every 3 days for 1 week If no response, 2. Apply Betamethasone cream twice daily for 1 week, then reduce the frequency as noted above for hydrocortisone. 3. Give medicines, such as chlorpheniramine (piriton), together with the creams to stop itching of the skin.
2. Nappy rash	<ul style="list-style-type: none"> • Change the nappy whenever the child urinates or defecates. • Wash and rinse the nappies well. • Try to use disposable nappies (e.g., Pampers), where possible. 	<ol style="list-style-type: none"> 1. Apply Hydrocortisone cream twice daily for 5 days. If no improvement within 3 days, then add on: 2. Apply Clotrimazole cream twice daily for 7 days

	<ul style="list-style-type: none"> • Undress the baby to expose the affected area to the air. • Apply protective substances (e.g., prickly heat powder or zinc oxide cream). • <u>Do not</u> use ordinary powders around the baby’s genitals. (It combines with urine and irritates the skin.) 	
3. Scabies	<ul style="list-style-type: none"> • Wash client’s clothes and bed sheets and iron them to eliminate eggs. • Treat all the family members at the same time, even those without symptoms. • With proper treatment, it should disappear within 2 weeks. 	<ol style="list-style-type: none"> 1. Apply diluted <i>Benzyl benzoate emulsion - 12.5%</i> (dilute 25% by adding equal amount of water) to the whole body for 3 days without bathing. 2. Add medicines, such as chlorpheniramine (piriton), to the treatment to stop itching of the skin.
4. Lice	<ul style="list-style-type: none"> • Remove the lice and nits (small eggs from the lice) using a toothed comb (akakulula). • Cut off the hair in case of head lice. • Wash all clothing and beddings in hot water and leave them to dry under the sun. • Treat the whole family to prevent re-infestation. 	<ol style="list-style-type: none"> 1. Apply Benzyl benzoate lotion to the scalp. 2. Wait 24 hours. 3. Wash scalp. 4. Repeat treatment after 1 week.
5. Ringworm of the head	<ul style="list-style-type: none"> • Use the recommended treatment for 1 month. • Give the medicine with fatty foods to help it be absorbed well. • The mild headache caused by the medicine will go away with continued use. 	<ol style="list-style-type: none"> 1. Give the recommended dose and dosage of the oral antifungal, such as griseofulvin. 2. Whitfield’s ointment may be applied to the scalp in combination with Griseofulvin.
6. Chicken pox	<ul style="list-style-type: none"> • Keep the child away from others or school until the rash has healed. • Give a lot of drinks to the 	<ol style="list-style-type: none"> 1. Apply Calamine lotion 2 times daily for 5 days to reduce the itching. 2. Give pain killers (Paracetamol) to reduce

	<p>child.</p> <ul style="list-style-type: none">• Cut the child's fingernails short and clean to prevent skin breaking during scratching.• Bathe the child regularly with water and antiseptic soap, such as Protex, lifebuoy, Dettol.	<p>fever</p>
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