QUALITY STD CARE TRAINING MODULE



For Nurses & ANMs



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APAC project is administered by Voluntary Health Services, Chennai with financial assistance from United States Agency for International Development under bilateral agreement with the Government of India.



APAC-VHS Chennai

TRAINING MODULE For Nurses & ANMs

March 2000

AIDS Prevention And Control Project Voluntary Health Services

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Foreword

HIV/AIDS, the epidemic that is threatening the entire world, has also invaded India and is widespread in most of the Indian states. This epidemic has seriously affected the state of Tamil Nadu. The universal consensus is that Sexually Transmitted Diseases (STDs) form an important co-factor in the transmission of HIV infections. While HIV/AIDS do not have a cure now, most of the STDs are curable. To control the spread of HIV/AIDS infection, the AIDS Prevention And Control Project (APAC) of Voluntary Health Services has initiated multipronged interventions, of which prevention and control of Sexually Transmitted Diseases forms an integral part.

The ANMs and nurses have a major role to play in the control of STD/HIV/AIDS. They Can integrate the control measures of STD/HIV/AIDS with their routine nursing activities by imparting health education and counselling to STD patients, referring the patient and his/her partner to qualified medical practitioners, stressing the importance of taking complete treatment and explaining the need for use of condom concomitantly with treatment. Having realised this role of ANMs and nurses, APAC project of VHS had come forward to train the ANMs and nurses in Quality STD Care and the purpose of bringing out this ANM module is to fulfil their training requirements.

The Tamil version of the ANM module was well received and had good impact on the nursing communities who are being trained by APAC project's Continuing Education and Training Centres. There had been a consistent demand for an English version of this module from ANMs/nurses working in the bordering areas of Tamil Nadu and hence we have brought out this English module to cater to their needs.

We are thankful to TNVHA for their initial efforts in bringing out this module. This module was updated in association with APAC project by Dr. Vasantha Elango of PSG Institute of Medical Science and Research (PSGISMR) and Dr. Ravi Raj William of Christian Council for Rural Development and Research (CCOORR). Our thanks are due to Dr. Rani Kandasamy, Principal, Govt. College of Education, Vellore for translating this module from the original Tamil script.

Dr. Bimal Charles Project Director APAC Project

PART - I

Sexually Transmitted Diseases (STDs)

Introduction

Sexually Transmitted Diseases (STDs) have been in existence from time immemorial. With the advent of HIV/AIDS, STDs have gained more importance. They are not only dangerous but also pose a challenge for effective delivery of health care services. This part of the module deals with STDs in general, their modes of spread and effective measures to control them.

Are STDs common diseases?

 Contrary to public opinion, STDs are common diseases affecting all sections of the society.

Why do we say that they are common diseases?

- STDs have been found to occur both in villages and in the cities
- They affect both males and females
- An STD infected expectant mother passes on the infection to the baby
- STDs are transmitted to men and women through sexual intercourse
- In Tamil Nadu, out of every 100 adults, 9.7 are affected by STDs.

Are STDs becoming more common now-a-days?

Yes. The number of people infected with STDs is increasing all over the world. There are many reasons why STD is becoming more common:



Nowadays, many people travel frequently to far off places. In these places, their identity is not known. This anonymity creates more opportunities and more temptations to have sexual relations with strangers.



Girls and boys attain maturity and become sexually active at young age. Nowadays, many youths go for higher studies resulting in late marriages. Therefore, there is a wide age gap between attaining maturity and marriage. Very often, youngsters live outside their home during higher education. All these factors tempt many unmarried young people to have more social and sexual contacts.



 Nowadays, very often, both parents are employed and are away from home. They do not have enough time to counsel their children about sex. These uncared children indulge in unhealthy sex practices.



 The easy availability of money to the young also predisposes the youth to experiment with different types of sexual encounters.



The free availability of pornographic films and books, especially among the young people, stimulates their sensations and contributes to more sex and STDs.

 Many youth feel compelled by their friends to experience sexual encounters before marriage. They feel this will prove that they are fit for marriage. Having many sexual partners is also something some men would like to boast about.



 Many teenage boys and young men experience 'wet dreams'. Many of them also masturbate at this age. Both these are normal phenomenon. However, these men are often led to believe that this can weaken their system. They are therefore advised sexual intercourse to counter this weakness.

 Many untrained persons give inadequate and improper medicines to treat STDs. Many people buy medicines directly from the shops. Therefore, the STD conditions of many may not be fully cured and as a result, STDs are increasing. There are many reasons why STDs remain hidden. Some of these reasons are:



At times STDs may not cause signs and symptoms; especially in women. Men who mostly exhibit signs get treated while women who have STDs may not have clear visible signs and they cannot do self examination of their genital parts and hence remain untreated.



- Health workers and patients are often very shy to discuss anything related to the genitals.
- The signs and symptoms of STD are usually not visible to others. Therefore, usually one does not worry about being detected by others.
 Consequently, the disease gets neglected, and the treatment gets postponed as much as possible.



- There is a fear that if one is detected to have STD, he/she will be labelled as one with 'low or loose morals'.
- The "decision-makers" at home i.e., the mothersin-law, grand mothers, and elders often prevent younger women from reporting STD symptoms.



- Similarly, symptoms of STD are considered to be a result of 'heat' and as 'normal' to that particular lifestyle or occupation (eg. lorry/bus drivers feel that the heat from the engine is what that causes the symptoms).
- Many women feel that any discharge from their genitals is "normal". They therefore do not complain about it. They do not see the need for treatment for it.



Because of the social stigma attached to STD, people often go to traditional practitioners, as they believe in traditional remedies, and these practitioners usually do not reveal the identity of cases harbouring STDs.



- There is a firm belief that STDs occur only among the very poor, uneducated and socially backward classes of people. They believe that people from so-called "good" families do not get STDs.
- They believe that "clean" girls do not transmit STDs. Hence, sexual relations with "clean" girls will not lead them to sexually transmitted infections.
- People do not die immediately of sexually transmitted diseases. Hence STDs are not considered very important by the patient or the health worker.

How are STDs spread?

- There are may types of germs which cause STDs. These germs live in a person who has STDs.
- STDs are spread when an infected person has unprotected sexual intercourse with another person. Sexual intercourse may be of different types.
- Even one single unprotected sexual contact with an STD infected person is sufficient to cause STD.
- Young ones born to STD infected mothers have greater risk of contracting the disease.
 Syphilis and HIV infections are transmitted from the mother to the child.
- In case of blood transfusion, the blood should be tested for HIV, syphilis, Hepatitis-B infections. In the absence of such a screening, there is the risk of transmission of these diseases through infected blood transfusion.

STDs are not spread by:

Shaking hands	Eating or drinking from the same plate or glass
Swimming or bathing together	Using public toilets
Playing together	Insect bites
Hugging or kissing	Sharing of clothes (except underclothes)
Dancing together	Coughing or sneezing

Who gets STD?

Anyone and everyone can get STD.



- Anyone who indulges in unsafe sexual behaviour is at risk of getting STDs.
- Unsafe sexual behaviour is having sexual intercourse with multiple partners, without using condoms.
- Unsafe sexual behaviour is also having sexual contact with single known infected partner without using condoms (the spouse remains infected as long as he/she is not fully treated)
- STDs are not restricted only to those with so-called high-risk behaviours.
- A person with high risk behaviour (eg. a person with multiple sex partners) may pick up the infection and he/she will spread the STDs to his/her partner, who may not have the same behaviour.

Persons at risk of getting STDs

- Commercial sex workers
- Clients of commercial sex workers
- Men whose jobs involve frequent travels and are lured into sexual indulgence
- People who indulge in unprotected sexual intercourse with multiple partners

Women are more prone to STDs than men. The important reasons could be

- Due to the hidden nature of the reproductive organs of women, the symptoms are revealed much later or not at all, and naturally if at all they seek treatment they do so at a late stage. STD lesions in women are asymptomatic in 50% of the cases.
- White discharge is considered natural and women are ignorant that some of the white discharges could be STDs.
- Many women may not have the facility of separate toilets/bathrooms to examine themselves.

What physical damages do STDs cause?

STDs cause a lot of damage which is often not noticed

- STDs begin with signs such as ulcer, discharge, sometimes associated with pain.
- They also can cause long term complications.



Abortion, birth of a still born child or death of the child after delivery, are common in women with STDs.



 The child may be born with severe eye infections. This can cause permanent blindness to the child. Congenital syphilis of the new born is another complication.



Women harbouring certain STDs may suffer from chronic pain in the lower abdomen. Ectopic (outof-place) pregnancy is also common. This can lead to rupture of the tube and result in death of the mother. STDs may cause infertility in many women. STDs may also cause cervical cancer.

Certain STDs cause urethral stricture and infertility in men also.

Are there any other ill-effects?

Besides physical damage to the body, STDs can lead to serious social problems.



STDs may lead to marital discord. Women may suffer from beatings, divorce or abandonment on account of the symptoms or because of infertility.

Remember

Anyone who indulges in unsafe/unprotected sexual behaviour is at risk of getting STDs. Even a single unsafe/unprotected sexual contact is sufficient to cause STD. Mutually faithful couple will not get this disease.

Part - II

Human Immuno-Deficiency Virus (HIV) & Acquired Immuno-Deficiency Syndrome (AIDS)

Innumerable diseases affect mankind worldwide. The most commonly spoken disease of this century is a sexually transmitted disease called AIDS. It is a fast spreading disease not only in India but throughout the world. The first AIDS case in India was registered in Mumbai in 1986. In the same year, the first HIV positive case was also registered in Chennai. Since then, the number of infected persons has been rapidly increasing. In this section of the module, you will come to know more about HIV/AIDS.



Status of HIV/AIDS in Tamil Nadu

	1988	1990	1992	1994	1996	1998	2000	2002
— → H.I.V	43	3014	23721	76589	153566	232141	294996	337108
	0	7	243	2362	10793	30968	65781	113474
	0	4	147	1608	8111	25053	56158	100897

HIV/AIDS and STDs

HIV/AIDS and STDs are related in many ways. There are many misconceptions about the way these diseases are related. The facts are that,

 HIV infection is also an STD. In fact, it is becoming one of the most fast spreading STDs worldwide.

In Sept.- Oct. 1997, APAC-VHS had undertaken a research study. It was on the prevalence of STD/HIV/AIDS in Tamil Nadu. The research findings revealed that 1.8% of men and women in the age group 15-45 years have HIV/AIDS infection. This is also prevalent in the rural areas.

Is there any relationship between HIV/AIDS and STD?

- AIDS is also an STD. In fact, it is now one of the most common and fast spreading STDs.
- 75% of HIV/AIDS cases in India have spread through sexual route. In addition, HIV/AIDS is also transmitted through HIV infected blood transfusions, HIV infected needles, syringes and instruments, and from HIV infected mother to the child.
- A person with STD is five to nine times more likely to acquire HIV infection while having sex with HIV infected person. This is because the presence of an ulcer or wound caused by the STD makes it easier for the HIV to enter the person's body.
- There is no complete cure for AIDS. However other STDs can be treated.
- Effective and timely treatment of STD will reduce HIV transmission.

HIV - The AIDS causing virus

AIDS is caused by a virus known as HIV - "human immuno deficiency virus". HIV is not visible to the naked eye or under ordinary microscope. It belongs to the family of Retro-viruses. There are two types of human immuno deficiency virus: HIV Type 1 and HIV Type 2. Both types are prevalent in India. However, Type 1 is more frequently reported. HIV Type 1 is a more virulent pathogen than Type 2.

How HIV affects the human body

The virus, after entering the human body, infects a certain variety of white blood corpuscles called lymphocytes. White blood corpuscles are the soldiers that fight against infections, in the human body. When HIV disables or destroys the white blood cells, the immune system gets damaged allowing other infective organisms to enter the human body. This leads to opportunistic infections of different kinds and cancer, ultimately resulting in death.



Different stages of the disease

The following table describes the different stages of the disease:

Window Period 6 weeks - 3 months from the day of infection	Latency Period/HIV infection From the day of infection to the manifestation of symptoms	AIDS 2 to 10 years from the day of infection
The period between the entry of HIV into the body and the appearance of their antibodies in the blood is termed window period	HIV has entered the body. Antibodies are also present in the blood. But there are no symptoms of the disease	The blood is positive when tested. Symptoms of opportunistic diseases also manifest.
The patient is negative to HIV tests like ELISA and Western Blot during this period	The patient is positive to HIV tests during this period	HIV positivity persists. Lymphocytes decrease in number
The patient transmits the disease to others through his/her activities	The patient transmits the disease to others through his/her activities	Advanced stage of disease resulting in death
Even though patients undergoing HIV tests report HIV negative during this period, all precautions should be taken while handling body fluids especially their blood	All universal precautions are to be observed while handling body fluids especially the blood	Take necessary precautions while disposing off the dead bodies

Symptoms of AIDS

Important symptoms:

- Over 10% weight loss without any specific reason.
- Persistent fever for over a month
- Persistent diarrhoea for more than a month

Other symptoms:

- Persistent cough for over a month
- Swelling of lymphatic glands
- Skin diseases
- Candidiasis of mouth, throat or other parts

Routes of transmission

- Unprotected sex with an HIV infected person
- Transfusion of HIV infected blood
- From an HIV infected mother to her baby
- Intravenous drug users sharing needles with an HIV infected person.
- Use of HIV contaminated needles/syringes.



High risk behaviours

- People with multiple sex partners
- People who have sexual contact with commercial sex workers.
- Men who are away from their families for long periods (eg: lorry drivers) are lured into sexual indulgence.
- Intravenous drug addicts sharing their needles
- Homosexual males.

Part - III

Sexually Transmitted Diseases and Care

Introduction

A clear knowledge of STDs is essential to provide the necessary information and care to the patients of STDs.

Some important information about STDs

- STD is "NOT A SINGLE DISEASE" There are many STDs.
- Different STDs are caused by different germs virus, bacteria, fungi
- STDs appear in different forms:
 - Some present as ulcers
 - Some present as discharges
 - Some present with burning sensation while passing urine
 - Some present as inguinal swelling
 - Some present as painful scrotal swelling

STDs do not show up easily in women because of their partly concealed genitalia. STDs in females could also be present as genital discharge. Many women do not seek treatment in the early stages of genital discharge. Only when the discharge is persistent, and copious, they may report for medical treatment.

STDs - their classification

Though there are more than 25 different STD conditions, only some of them are more prevalent. They could be classified as follows by their symptoms:

- Urethral discharge in the male
- Vaginal discharge in the female

- Genital ulcers both male and female
- Inguinal swelling/abscess male and female
- Lower abdominal pain in females
- Painful scrotal swelling in male.

The first four groups are more prevalent. The other two symptoms may appear in other diseases also, besides STDs.

Urethral Discharge in male

- Pus/white discharge from penis appears a few days after sexual intercourse with an infected person.
- Burning and pain while passing urine.

Vaginal Discharge in female

- Excessive white discharge
- Itching in the genitals
- Burning and pain while passing urine
- Burning and pain during intercourse

Genital ulcers in male and female

- Ulcers appear from a few days to few weeks after sexual intercourse
- Single painless ulcer appears without any symptoms and disappears after a few days.
- Multiple, painful ulcers appear on the genitals.
- Associated painful swellings on either side of the groin.





Inguinal swellings

A few days after sexual intercourse, swelling on either side of the groin appear which may rupture and present as ulcers/abscess.

Lower abdominal pain in female

If treatment is not taken for abnormal white discharge, vaginal ulcers, etc., the reproductive organs get affected causing chronic pain in the lower abdomen.

Painful scrotal swelling

If treatment is not given for urethral discharge in the males, it leads to painful scrotal swelling.

Referral and counselling

- The STD patient should be immediately referred to a trained doctor for treatment
- Sexual partners of STD patients should also be referred for treatment
- They should be counselled on the importance of taking complete treatment
- The need for use of condom to prevent STD infection should be emphasised.







Part - IV

STD/HIV/AIDS - Problems, Misconceptions and Beliefs

Introduction

Several baseless myths, misconceptions and beliefs about disease exist in our country. These are the barriers for disease control. It is therefore important that the ANMs have a knowledge of these, in order to effectively tackle the problem.

Misconceptions/Beliefs

- STDs gets cured without medical treatment.
- Drinking lime juice will clean the uterus and also cure diseases of the reproductive system.
- Washing the genital organs with lime juice prevents STDs.
- HIV/AIDS is spread only by commercial sex workers.
- Having sexual contact with a girl who does not have any symptoms of STDs will not cause STDs.
- Having sex with a virgin will cure STD.
- Treatment can be stopped as soon as the symptoms disappear.
- Men should not see used sanitary napkins. If they happen to see, it will have evil effects.
- All white discharges in women are normal; they require no treatment.



- A single sexual contact will not lead to pregnancy or cause STD infection in women.
- If treatment is taken for an STD once, it will not occur again even after unprotected sex.
- White discharge is a woman's fate.
- White discharge will weaken the body.
- Ulcer in the female genital organ will get cured on its own.
- Reproductive diseases like white discharge/other discharges are caused by "heat" due to working in the hot sun or travelling or driving for a long distance.



- White discharge is caused because of copper-T fixation.
- Ulcer in the genital organ is caused by 'evil eyes'.
- Tubectomy or use of contraceptive like the loop affect the uterus leading to excessive haemorrhage and foul-smelling white discharge.

Socio-cultural problems

- Double standards in society: men governed by separate code behaviour of men having sex with several women affect health of their spouses
- Since women get married earlier than men, women are more susceptible to STDs in their early age itself.
- Women are dependent on other members of the family. They have no money or right to take decision. They have to get others' consent. They are controlled by the husband and mother-in-law.
- Backwardness of women in education and experience contributes to their ignorance of the diseases and their symptoms.
- Ignorance of the importance of early appropriate treatment

- Wife has no right to question the husband. She is afraid of disclosing her disease. She is afraid of questioning him about his disease for fear of the family being neglected by him. She is afraid of the mother-in-law.
- Women have no right over their own body. They cannot insist on the husband using condom during intercourse. Neither can they insist him to seek treatment for his ailment.
- If the husband is an alcoholic, it is all the more difficult for the wife to question him for fear of getting beaten up. Since she needs his earnings to run the family, she bears everything patiently.
- Economic dependence and family burden force some women into prostitution.

Problems in seeking/offering treatment

- Delay in seeking the required, proper treatment
- They do not go to qualified medical doctors.
- They do not complete the full course of treatment
- They do not bring their partners for treatment



- There is no follow-up and so doctors do not know the progress of the disease or any other problems that may arise during treatment.
- STDs are not a single entity disease but a group of diseases. Each disease condition has specific treatment of its own and investigation procedures. Ignorance of this fact leads to a belief that all STDs require a uniform treatment only. Self medication and across the counter treatment, etc., further add to this problem.
- Mostly treatment is given without physical examination. This may be due to lack of facilities or the present attitude of health care providers.

Beliefs of Health Workers

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STD affects an individual's behaviour and attitude. Therefore this problem should be handled with care. The attitude of the ANM should not only be supportive but also infuse confidence in the patient. ANMs should encourage the patient to seek medical treatment and complete the full course of it. Some misbeliefs of the ANMs that are briefed below prevent them from guiding the STD patients properly for further management.

- Women are uneducated and so will not take advice from them.
- Women do not care for personal hygiene
- Sex workers are the main reason for the spread of STDs. Therefore they should stop this
 practice
- All STD patients have multiple sexual partners.



Creating a rapport

- Introduce yourself
- Greet and welcome the patient
- Find out the name, confirm it
- Be seated in such a way that you see eye-to-eye with the patient
- Appreciate the patient for the visit and encourage further visits
- Discuss general issues
- Observe emotional changes
- Act according to emotions like anxiety, anger, frustration
- Assure that confidentiality of the patient will be strictly maintained.

Eliciting and disseminating information

- Maintain a conducive and pleasant atmosphere
- Allow the patient to talk freely while you listen with attention
- Maintaining silence in between is good. It will provide an opportunity to the patient for introspection

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- However, prolonged silence is not good. Silence may be broken by encouraging continuation of talk
- If the patient is unwilling or unable to speak, suggest that the meeting could be held on another day
- Continue probing and ask open-ended questions until you get the required information
- Keep encouraging the patient
- CONFIDENTIALITY Ensure the patient of the confidentiality of the conversation between you and him/her.

After obtaining the patient's consent, send him/her for medical examination

Termination

The counsellor and the patient should realise that they have taken the right decision

Condom promotion

ANMs had been playing an important role in family welfare programmes and condom promotion for the past several years. Through condom promotion, ANMs, besides birth control, can also prevent and control the spread of STD/HIV/AIDS. ANMs have proximity to the community in general and women in particular. These women can bring about an attitudinal change in their husbands to use condoms. ANMs should adopt the following methods to promote condom use:

- Provide information
- Demonstration
- Counselling

Information on condom

What is a condom?

A condom is a sheath made of latex. It looks like long, thin, latex rubber tube when rolled out. At the lower end it is closed and has a teat which collects the semen. Condom prevents the sperms and STD causing germs from entering into the vagina and vice versa.

What are the advantages of using condom?

- Unwanted pregnancy can be avoided
- Both the male and female partners can be protected against STD/HIV/AIDS infections.

Who should use condom?

- Those belonging to the reproductive age group
- Those having multi-sex partners (hetero and homo-sexuals)
- Those having sexual contacts with commercial sex workers

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Where condoms are available?

Free condoms are available at Primary Health Centres (PHCs), Government Hospitals and from NGOs. Condoms can be bought from Pharmacies. Even pan shops, petty shops and provision stores sell condoms. But due to shyness, many do not go and get condoms themselves. ANMs can get the condoms from PHCs and other welfare centres and distribute them to those who need them and encourage them to buy condoms from shops when further need arises.





What are the names of condoms?

- 1. Nîrodh
- 2. Deluxe Nirodh
- 3. Super Deluxe Nirodh
- 4. Moods
- 5. Kohinoor
- 6. Sajan
- 7. Ustad
- 8. Fiesta
- 9. Kama Sutra
- 10. Tonight etc.

Most condoms are lubricated and they come in different colours. Some are scented. Some are designed as dotted or ribbed. Some companies also give concessions on bulk purchase of condoms.



How is the quality of Indian condoms?

Indian condoms are of good quality. However ensure the following:

- Is it lubricated?
- Is it undamaged?
- Is it within the expiry date?
- Is the packing intact?

These facts should be made clear to women and also to men. People will be motivated to use condom by clearing doubts and misconceptions through proper information and health education.

How to store condoms?

- Store condoms in a cool, dark place, as heat, light and moisture can damage them
- Be careful while handling condoms as finger nails or rings can tear them
- Check the date of expiry on the pack when you buy it. If it has crossed the expiry date, do not buy it. (As it is not possible to check the date at the time of usage, check it at the time of purchase itself)

How many times can a condom be used?

Once only

Reasons for not using condom and misconceptions about using condom

Belief	Reason
Using condom during sex is irritating	Use of lubricated condom will not cause irritation
Condom reduces sexual pleasure	A variety of condoms are now available (dotted, ribbed, spiral, etc.). These in fact increase sexual pleasure
Erection ceases before condom is worn and used	By keeping the condom readily available and wearing it quickly will solve this problem

Instructions for proper use of condom

Open the condom pack only when the penis is fully erect.

- Open the pack carefully without damaging the condom.
- Press the tip of the condom to squeeze out the air before use.
- Do not unroll the condom before putting it on.
- Place the condom on the tip of the erect penis. While still holding its tip, unroll the condom over the full length of the penis.
- During intercourse, make sure that the condom stays in place.
- Immediately after ejaculation, the penis must be withdrawn when it is erect by holding the condom in place.
- The condom should be slipped off the penis with the reservoir tip pointing downward to avoid spillage.
- Dispose off the used condom promptly, tying it up and rolling it in a piece of paper and throwing it into the garbage or burying it.

DO NOT RE-USE THE SAME CONDOM.

Proper usage of Condom



Part-VI

Universal Precautions

Universal precautions are based on the assumption that all blood and body fluids are potentially infectious regardless of whether they are from any patient or health care worker.

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Principles

- Use of protective barriers
- Prevention of accidents
- Proper use of disinfection and sterilization techniques.

I Protective Barriers

Depends on the risk of exposure

Wound dressings	Low risk	Gloves helpful but not essential
Vaginal examination, Handling lab specimens, Insertion/removal of cannula I.V. needles, large open wounds	Medium risk	Gloves, gown and apron are essential
Uncontrolled bleeding - while surgery, delivering a baby	High risk	Gloves, apron, mask, eye wear

Use of gloves

While performing invasive methodologies and surgeries	Use of gloves which had been sterilised		
Non-invasive procedures	Sterilization of gloves is not essential		

- Don't use gloves with holes or tears
- Thick rubber gloves to be worn while cleaning instruments and handling soiled linen

II Prevention of Accidents

- Safe handling and disposal of sharp instruments, needles is a must
- Recapping needles is discouraged
- Puncture resistant disposal containers must be available for storing used needles
- The used syringes kept in containers are to be disinfected by appropriate disinfectants
- Disposable items must be incinerated wherever and whenever possible
- Containers should not be overfilled
- Never pass needles from one person to another
- Protect fingers from injury by using forceps and needle holders when suturing is being done.
- Keep disposal containers close to the work-spot.
- Never bend or break disposable needles

Management of Accidents

- 1. Needle pricks, cuts, scratches, bites:
 - Encourage bleeding by squeezing
 - Wash with soap and clean water
 - Cover with waterproof dressing eg: Band-Aid

2. Splash to mouth/eyes:

Rinse thoroughly with plenty of running water

III. Sterilisation and techniques

Hands	Washing with soap and water is best
Autoclave	121º c for 15 minutes at 15 pound pressure (linen, glassware , etc)
Hot air oven	Oils, powders, glass ware, sharp instruments

If autoclave is not available, boiling for 20 minutes is acceptable.

Disinfectants:

HIV can be destroyed by

- Boiling
- Keeping in 70% Ethanol for 1 hour
- Keeping in 1.1% Sodium Hypochlorite
- Keeping in 5% Formaldehyde for 1 hour
- Placing in 2% Glutaraldehyde for 1 hour
- Keeping in 0.5% Lysol for 1 hour

General Safety Measures:

- Hand washing
- While drawing blood use sterile lancets
 - Always use tourniquet for venepuncture
 - Puncture site should not be closed with finger, to use cottonwool
 - Avoid spillage while transferring blood from syringes to test tubes

- Blood spill
 - Cover the area with disposable gauze/towels socked in 10% chlorine (sodium hypochlorite). Leave it for 5 minutes. Workers who handle this should wear thick rubber gloves.
 - Labour board, examination tables, operation tables, floor and work surfaces should be cleaned with 10% sodium hypochlorite solution. Tablespreads should be changed at the end of each procedure and should be cleaned with 10% sodium hypochlorite solution before reuse.

Points to be remembered by nurses/ANMs for self-protection

- See that the universal precautions are followed by her as well as her co-workers
- When a nurse incurs a needle prick, or gets exposed to splash of blood or body fluids over her skin or mucous membrane surfaces, she should report this matter immediately to the concerned medical officer/authorities
- Open wounds caused to the ANM by such accidents should be immediately covered with a dressing and if this is not possible, she is not supposed to continue to attend on the patients.
- Pregnant nurses/ANMs should follow these precautions with greater care.





Part - VII

The Role of ANMs in STD/HIV/AIDS Control

Introduction

ANMs should integrate STD/HIV control procedures in their regular activities:

The role of ANMs while dealing with STD patients

- Impart Health Education and counselling
- Refer the patient and his/her partner to a qualified medical practitioner
- Stress the importance of taking complete treatment
- Explain the need for use of condom concomitantly with treatment.



Health education and counselling

What you should tell the patient?

Explain the following to the patients who come to you with STD symptoms:

- Take immediate treatment.
 Stress the importance of taking appropriate treatment. Discontinuing the medicines on slight improvement or disappearance of symptoms is harmful.
- Do not spread STDs.
 Do not have sex until you are completely cured.
- Concurrent partner treatment is important to prevent re-infection.
- To confirm that you are fully cured, visit the doctor again.
- Practise safe sex behaviour. Have sex with your spouse only.

- Use condom and protect yourself from STD infections.
 Always insist on the use of condom by the pre/extra-marital partners.
- Help prevent AIDS.
 - Caution them on the easy entry of HIV into STD patients. By taking immediate and complete treatment for STDs, HIV/AIDS can be prevented.
- Provide total protection to your offsprings.
 Advise the men to send their wives for ante-natal check-ups during the first three months of pregnancy and subsequent regular ante-natal check-ups. This can prevent the child from getting sexually transmitted infections.

Children born with eye infections or those who contract eye infection soon after birth should be referred to a qualified physician along with the parents.

ANMs advise on the usage of prescribed drugs

- Emphasise on the importance of taking all the medicines for the complete course as advised by the doctor.
- Instruct the patients to take the medicines at the stipulated time every day.
- Read the prescription and advice given by the doctor. Explain it several times to the patient.
- Ensure that the patient has understood the course of treatment by making him/her repeat what you have explained.
- If a patient has discontinued the treatment half-way, find out the reason for it. Help him/her to continue the treatment further.
- Clarify any doubts he/she may have in this regard.
- Patient and the partner should remind each other to take the medicines at the proper time and regularly.
- Even if the symptoms have disappeared, the patient should continue the medicines as per doctor's advice.

ANMs - To bear in mind the following while you are in clinics/hospital

Out patient clinic

- Take self protective precautions
- Perform your daily duties effectively
- While dealing with an STD patient take all universal precautions mentioned earlier
- Patients waiting in small groups may be given health education
- Display effectively information and communication materials.

Ante-natal clinic

- Adopt all aforesaid procedures.
- It is important to find out whether there is any genital ulcer or discharge every time the patient comes for a check-up.

Labour/MTP room

- Adopt all aforesaid methods.
- Look for ulcers, discharges in the genital area.
- Family Welfare Centres
 - Adopt all aforesaid procedures.
- Post-natal care (ward) or mother & child room (ward)
 - Adopt all aforesaid procedures.
 - If the child has any eye infection, refer to the doctor immediately.

During house visits

- a. Information on STDs can be collected/disseminated during house visits of ANMs.
- b. Infected person can be examined.

- c. Give health education on STD and encourage the patient to seek immediate medical treatment.
- d. While meeting them on another occasion, you can enquire about their health and their partner's health.
- e. Distributing condoms to infected persons.
- f. Encouraging the partner to take treatment concurrently.
- g. Everyone should be encouraged to use condom.



Women's Club

- a. Health Education with special reference to STD should be given.
- b. Break their silence and bring them out of their shyness.
- c. Clear their doubts and misconceptions. eg. STDs are caused by "heat", weakness. Instead, explain them that STDs are caused by germs.
- d. Explain the steps to be taken to control STDs.
- e. Encourage them to tell out their symptoms and to take timely medical treatment.
- f. Create an awareness on personal hygiene with special reference to menstruation cycle.
- g. Encourage building of community toilets and bathing rooms for women.

Health education for young girls

- a. Sex education
- b. Protected sex
- c. Personal hygiene
- d. STDs and risky methods of abortion to be explained.

Patient registration and reporting

The number of STD/HIV/AIDS cases in India has been increasing steadily. Everyone who is concerned with the control of these diseases have to carefully supervise and monitor them. It is therefore essential to maintain registers containing necessary details of these diseases. The following details should find a place in such registers.

- List of patients who approach you with STD symptoms syndromes wise
- The number of persons whom you suspect to have this disease
- Details of patients whom you had referred
- Details of patients who had taken complete treatment
- Details of sexual partners who had undergone treatment
- Details of persons who had been given condoms and those who use it
- Besides these, the number of persons you counselled / counselled by others and given health education.

You should also encourage your colleagues and physicians to maintain such registers. The above details collected/compiled by you should be furnished to all private organisations and government health centres who are concerned with the control of this disease.



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