

Appendix

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Photo credit: Tom Bradley

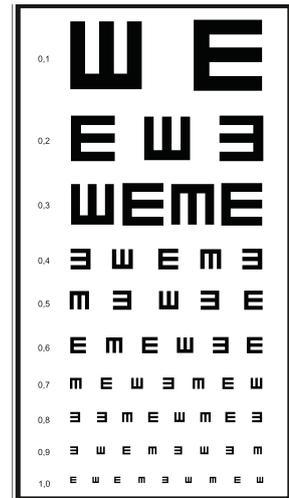
Annex 1: Snellen E-Chart

Preparation for Vision Screen

1. Gather together equipment and supplies: Snellen E-Chart (see Appendix), 6-meter length cord knotted at every meter, chair, eye cover (large spoon), black-tipped pointer/pen with black cap, sheet of blank paper, pencil/pen, flashlight and IIRF record form.
2. Use a 6-meter string or measuring tape to measure 5 meters from Snellen E-Chart to the back of the chair where person will sit.
3. Snellen E-Chart should be placed in a well-lighted area with no reflection off the chart. If outside, the sun should be behind the person taking the test.
4. Snellen E-Chart should be placed so that line 8 is at eye level.
5. Draw an “E” on a piece of paper and show the paper to the person. Ask the person to imagine that the “E” is a table with legs and have them use their hand to show the direction that the legs are pointing. Practice changing the direction of the “E” to make sure it is understood.
6. Explain to the person that you want to determine the smallest line they are able to see.
7. If the person is wearing glasses, test with glasses on.

Measuring Distance Vision with Tumbling E Eye Chart

1. Ask the person to cover the left eye. Test the right eye.
2. Tester places pointer vertically, below the largest letter without covering the letter. The tester asks the person to show the direction the legs are pointing.
3. Tester proceeds down the chart to determine the smallest line that the person can read. Lines may be skipped to more quickly determine the smallest line visible. If the person cannot see more than half of the line tested, return to the preceding line and test.
4. Record the line number on the IIRF recording form of the smallest line in which the person can see more than half of the Es.
5. Ask the person to cover the right eye. Repeat the test with the left eye and record the results.
6. If person cannot see the largest E, then use the finger counting test.



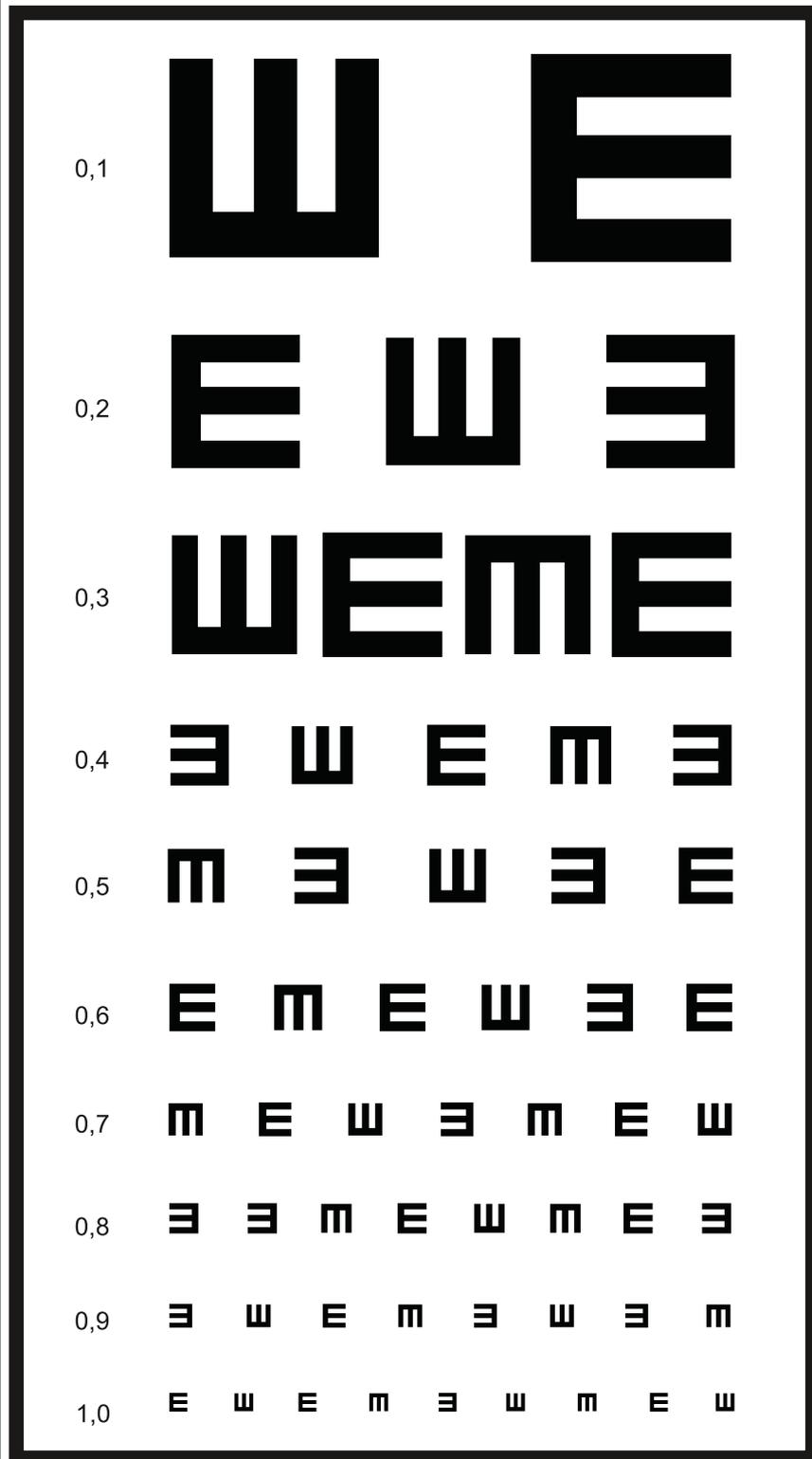
Finger Counting

1. To test, the person remains sitting and covers the left eye.
2. The tester stands 6 meters away and holds up a set number of fingers. The person is asked to tell the number of fingers seen.
3. Repeat this process three times with a different number of fingers each time. If unable to see two out of three trials at 6 meters, the tester uses the knotted cord and steps 1 meter closer to the person and repeats the finger count. Record on the IIRF form the greatest distance at which fingers can be counted.
4. If no ability to count fingers at 1 meter, ask person to tell whether tester hand is moving or still. If no movement detected, check perception of light with a flashlight. Record movement, light perception, or no perception on the IIRF.
5. Cover the right eye and repeat finger counting three times using a different number of fingers.
6. Record on the IIRF form the best finger counting distance/movement/light perception or no light perception for each eye.

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ESCALA OPTOMÉTRICA

(DISTÂNCIA = 5,00MTS (ÂNGULO VISUAL =7) (300 LUX)



This visual is for reference only. For an accurate chart, have a professional print made on A2 paper at 100% size. Download art from leprosy.org/ten-steps.

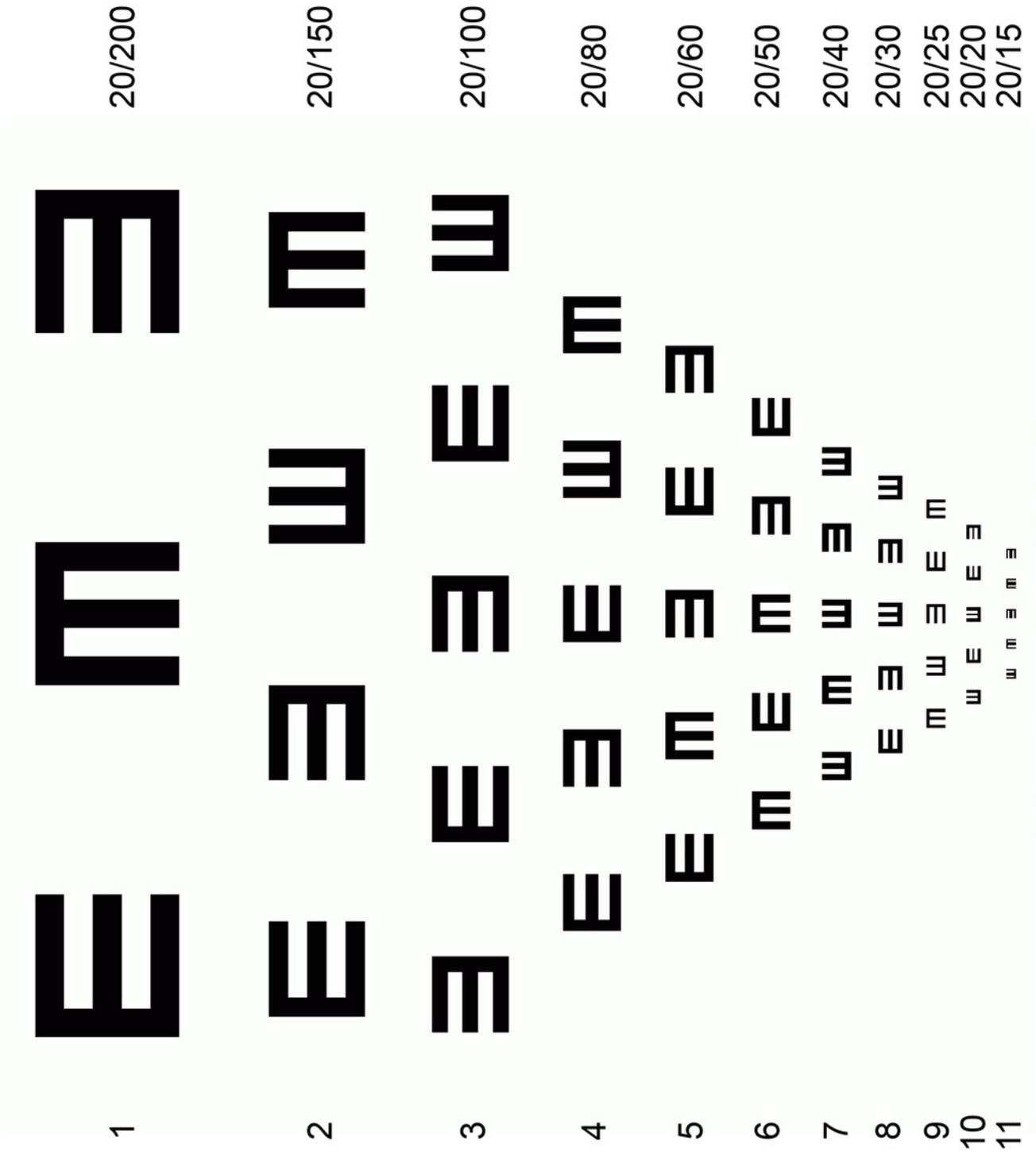
Annex 2: Snellen E-Chart for Children

www.provisu.ch

1. Print the test page in A4 standard format. The child has to be located 1.6 meters (or 5 feet) away from the chart. If the test page is in another format, or if you wish to perform the test with the child facing the screen, you will have to calculate the distance at which the child must stand facing it, using the following formula: measure the height of the letter E (first line, 20/200) in millimeters. Then, divide the value of this measurement by 88. Finally, multiply it by 6. The result shows the distance at which the child must be placed, in meters, e.g., $(23/88) \times 6 = 1.6\text{m}$.
2. Test the visual acuity with correction (e.g. glasses).
3. Test one eye at a time. Start with the right eye, covering the left one without pressing on it. Then, examine the left eye by doing the opposite. If the child is using correction glasses, you can cover the eye with a sheet of paper.
4. The child has to indicate the orientation of the branches of the letter E (top, bottom, right, left), from the largest E to the smallest. He can either use a small instrument that reproduces the shape of the optotype (E) and then orientate it in the same direction as the test showed, or indicate the orientation with his hand.
5. To make the examination easier and faster, another person can help you show the Es the child must read among the different lines of Es.
6. If the child can read the Es of the 10th line, his/her sight is optimal (visual acuity 20/20).
7. If his visual acuity is less than 20/20 (20/25, or the ninth line, is also acceptable for 3-year olds), or if you have doubts about the child's sight, visit your ophthalmologist.

NOTE: Take the results as a recommendation. The results do not indicate a diagnosis whatsoever. Performing the test does not mean the child should skip regular visits to his/her eye doctor, because you could easily miss signs that only a trained eye care practitioner would find.

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For an accurate chart, print on A4 paper at 100% size. Download art from leprosy.org/ten-steps.

Annex 3: Individual Impairment Recording Form (IIRF)

Name: _____ Age: _____ M | F Occupation: _____

Ground surface around home or work (check): Flat Uneven Must walk/climb up and down

Check clean water source: Bore well River Other _____ Distance to water source: _____ minutes

Previous Injury and/or Medical Treatment: _____

SKIN AND NAIL

| Complaints: | | | |
|--|-----|---|---|
| Pain, itching, burning, tingling, pins and needles, numbness, feels like ants crawling, feels heavy, feels cold or hot, skin feels leathery, hard | Yes | R | L |
| History: | | | |
| Previous skin injury or problem. Type: _____ | Yes | R | L |
| Previous nail injury or problem. Type: _____ | Yes | R | L |
| Skin and nail conditions: (circle area, test or condition that applies) | | | |
| Swelling in arm(s), leg(s), eye/face, scrotum, other: _____ | Yes | R | L |
| Skin lesions: Nodule, lump, bump, knob, patch, thick infiltrated, other | Yes | R | L |
| Can't feel touch and/or temperature. Write below what device was used when sensation was not felt: cotton, feather, finger, pen, 10g filament, ether, hot/cold tubes, other (name) | | | |
| Skin patch on body. Did not feel: _____ | Yes | R | L |
| Tip of thumb. Did not feel: _____ | Yes | R | L |
| Tip of little finger. Did not feel: _____ | Yes | R | L |
| Great toe. Did not feel: _____ | Yes | R | L |
| One foot is cold compared to the other | Yes | R | L |
| Nail problems: too long, ingrown, thick or thin, brittle or discolored | Yes | R | L |
| Very dry skin and/or skin cracks | Yes | R | L |
| Scar problems: dry, cracked, thick and/or limiting motion | Yes | R | L |
| Thick callus on hand | Yes | R | L |
| Thick callus on bottom of foot | Yes | R | L |

WOUND – Key: R = Right and L = Left, W1 = Wound 1, W2 = Wound 2, W3 = Wound 3 (If more than 3, choose 3 most serious)

| Number of wounds | | | | |
|--|-----|---|---|---|
| Type of wound | | | | |
| One or more cracks from dryness | Yes | R | L | |
| Crack(s) between fingers, toes, and/or base of skin folds | Yes | R | L | |
| Blister(s) location: hands, feet, other | Yes | R | L | |
| Wound | Yes | R | L | |
| Signs of infection | | | | |
| Pain: new or increased | Yes | 1 | 2 | 3 |
| Bad odor/smell: present or worse | Yes | 1 | 2 | 3 |
| Localized warmth: present or increased | Yes | 1 | 2 | 3 |
| Swelling of skin around wound: present or increased | Yes | 1 | 2 | 3 |
| Sudden increase in wound leakage/drainage | Yes | 1 | 2 | 3 |
| Condition of wound | | | | |
| Wound is too wet (fluid on outer bandage after one day) | Yes | 1 | 2 | 3 |
| Wound is too dry (pain or dressing sticks or bleeding when dressing removed) | Yes | 1 | 2 | 3 |
| Wound is worse (larger and/or deeper) | Yes | 1 | 2 | 3 |

SWELLING / EDEMA – Compare both sides and observe swelling at the bony prominences.

| Complaints | | | |
|---|-----|---|---|
| Limb feels "heavy," skin feels tight, leathery, hard, itches, burns, tingles, feels numb, feels like ants crawling, feels like pins and needles, painful, feels cold or hot, skin has enlarged wart-type areas. | Yes | R | L |
| Swelling in arm(s), leg(s), other: _____ | Yes | R | L |
| History | | | |
| Previous problems with swelling? When? _____ Where? _____ | Yes | R | L |

SWELLING / EDEMA (CONTINUED) – Compare both sides and observe swelling at the bony prominences.

| | | | | |
|--|-----|---|---|--|
| Examination of areas with swelling (edema). Compare both sides. | | | | |
| Upper Limb (UL) – arm and hand: Raise arms up to shoulder height with elbows extended. Make a tight fist with both hands and observe the knuckles and rest of the upper limb. | | | | |
| • Knuckles have swelling | Yes | R | L | |
| • Wrist has swelling | Yes | R | L | |
| • Forearm swelling | Yes | R | L | |
| Bend elbows and touch clavicles with each hand. Observe swelling at the bony prominence of the elbow | | | | |
| • Elbow has swelling | Yes | R | L | |
| • Upper arm has swelling | Yes | R | L | |
| Total number of Yes responses for UL | | | | |
| Lower Limb (LL) – legs and feet: Sit with knees slightly flexed with feet on the floor. Observe and compare both lower limbs. | | | | |
| • Toes/feet have swelling | Yes | R | L | |
| • Ankle has swelling | Yes | R | L | |
| • Lower leg has swelling | Yes | R | L | |
| • Knee has swelling | Yes | R | L | |
| • Thigh has swelling | Yes | R | L | |
| Total number of Yes responses for LL | | | | |
| Other Areas: Compare both sides | | | | |
| • Face/eyes have swelling | Yes | R | L | |
| • Breast has swelling | Yes | R | L | |
| • Trunk has swelling | Yes | R | L | |
| • Genitalia has swelling | Yes | R | L | |
| • Other areas with swelling: _____ | Yes | R | L | |
| Total number of Yes responses for Other Areas | | | | |

SCAR

| | | | | |
|---|-----|---|---|--|
| Complaints: | | | | |
| Scar is itching, painful, limiting movement, not attractive, other: _____ | Yes | R | L | |
| History: | | | | |
| Previous scar cracks or injury. Type: _____ | Yes | R | L | |
| Scar conditions: (circle area, test or condition that applies) | | | | |
| Scar is at or near a joint | Yes | R | L | |
| Scar is dry | Yes | R | L | |
| Scar is sticking to or adhering to underlying structures (scar does not move easily as observed in unaffected skin or as compared to unaffected side) | Yes | R | L | |
| Scar is very thick and less than 1 year old | Yes | R | L | |

LIMITATIONS OF MOVEMENT (LOM) – Responses based on comparing both sides of the body. Dominant Side: Right | Left

| | | | | |
|--|-----|---|---|--|
| Complaints | | | | |
| Do you currently have difficulty with movement? If yes, what movements are difficult? _____ | Yes | R | L | |
| History | | | | |
| Previous injury or problem causing movement limitations? Type: _____ | Yes | R | L | |
| Examination of areas for LOM (limitations of movement). Compare both sides. | | | | |
| Upper Limb (UL) – arms and hands: Raise arms up to shoulder height with elbows extended. Make a fist with both hands (curl fingers down), move wrist up and down. Open hands (curl fingers up) and show the palms of the hands, spreading fingers out and then bring fingers together. Turn hands over (palms up) and lift thumbs up. Bend elbows so that the hands can touch the back of the shoulders. Extend arms out to each side with thumbs up. Raise arms up above head until hands touch. | | | | |
| • Thumb movement is less? spread fingers, lift thumb | Yes | R | L | |
| • Hand/finger movement is less? fingers out/in, curl fingers down/up | Yes | R | L | |
| • Wrist movement is less? wrist up/down | Yes | R | L | |
| • Elbow movement is less? bend/straighten | Yes | R | L | |
| • Shoulder movement is less? arms to front up/down, side up/down | Yes | R | L | |
| Total number of Yes LOM responses for UL | | | | |
| Lower Limb (LL) – legs and feet: Sit in a chair with legs extended. Curl toes down and straighten. Sit with knees slightly bent with soles of the feet on the ground. Keep heels on the ground while raising feet. Press toes down while lifting the heels off the ground. Lay on stomach with feet off the edge of table/bed. Slowly bend knees to touch heels as close as possible to the buttocks then straighten the legs. Observe the hips: Do they stay flat or lift up? If the hip(s) lift(s) up there is a limitation at the hip. | | | | |
| • Toe movement is less? curl/straighten | Yes | R | L | |
| • Ankle movement is less? sit with knees bent, move foot up/down | Yes | R | L | |
| • Knee movement is less? lay on stomach, bend and straighten knees | Yes | R | L | |
| • Hip movement is less? lay on stomach, hip lifts up when knees are bent | Yes | R | L | |
| Total number of Yes LOM responses for LL | | | | |
| Other Movements. Compare both sides. | | | | |
| • Trunk movement is less? bend forward/backward, side to side, twist side to side | Yes | R | L | |
| • Head (include eyes) & neck movement is less? rotate, bend to each side, close and open eyes | Yes | R | L | |
| • Mouth movements less? open, close, blow out, side-to-side movement | Yes | R | L | |
| • Other movement: _____ is less? | Yes | R | L | |
| Total number of Yes LOM responses for Other Areas | | | | |

VISION AND EYE SCREEN

| | | |
|--|---------------|---------------|
| Uses glasses for distance | Yes | No |
| Uses glasses for close up (reading, handwork, sorting beans, etc.) | Yes | No |
| Snellen E-Chart: Vision for each eye. If glasses are used for distance, test with glasses | Right | Left |
| | Line No. ____ | Line No. ____ |
| Finger count: Number of meters able to count fingers starting at 6 meters | Right | Right |
| | Meters ____ | Meters ____ |

Complaints

| | | | |
|--|-----|---|---|
| Pain (R, L), irritation (R, L), itching or gritty feeling like sand (R, L), sensitivity to light (R,L) - Circle complaint and side | Yes | R | L |
|--|-----|---|---|

History

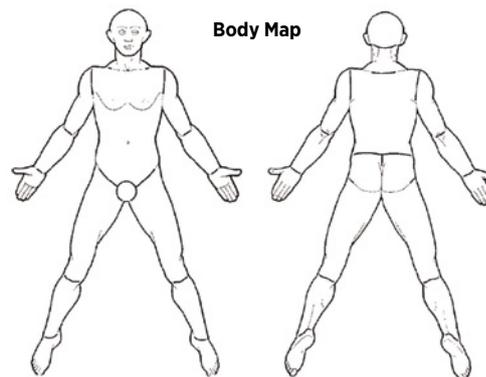
| | | | |
|---|-----|---|---|
| Previous eye injury or problem. Type: _____ | Yes | R | L |
| Recent change in vision. When _____ (in months) | Yes | R | L |

Eye conditions

| | | | |
|--|-----|---|---|
| Increased tears and/or eye secretions | Yes | R | L |
| Eye redness | Yes | R | L |
| Eye redness with recent change in vision and/or pain | Yes | R | L |
| Eye is dull, has injury/ulcer, white center, white/reddish thick scar on lower half of eye or on nasal side of eye | Yes | R | L |
| Eye closure is not complete with light closure | Yes | R | L |
| Eye blink is less often than normal (less than 10 blinks per minute) or absent | Yes | R | L |
| Upper/lower eyelid(s) are turned inward | Yes | R | L |
| Upper/lower eyelid(s) are turned outward | Yes | R | L |
| Upper/lower eyelashes are turned inward touching the eye | Yes | R | L |
| Turn out eyelids: inside lid is red | Yes | R | L |
| Turn out eyelids: inside lid has bumps/lumps/bands | Yes | R | L |

Key for Recording

| | |
|---------------------------------|---|
| Skin Lesion | ○ |
| Crack | ≈ |
| Wound | ∩ |
| Scar Location | X |
| Joint with Movement Limitations | ↓ |
| Swelling | ┌ |
| Location of Amputation | — |



Needs Other Assessments

| Needs Other Assessments | YES |
|--|-----|
| 1. Leprosy WHO Grading and EHF Score | |
| 2. Leprosy Nerve Function Assessment | |
| 3. BU POD Assessment | |
| 4. Trachoma Assessment | |
| 5. Lymphatic Filariasis/Podoconiosis Assessment and other lymphatic conditions | |
| 6. Detailed Wound Measurements and Assessment | |
| 7. Functional / Activity Limitation Assessment, which? _____ | |
| 8. Participation Restriction Assessment, which? _____ | |
| 9. Depression, which? _____ | |
| 10. Stigma - Self, Community, which? _____ | |
| 11. Other, which? _____ | |

Annex 4: Supervisory Checklist

Health Service:

Time of Day Service is Provided: Morning | Afternoon

Community:

District:

Supervisor (print name):

Date of Supervision:

Date of Next Supervision:

Supervision Checklist for Case Management

| TASKS | YES | NO | Not Obs | Observations & Recommendations |
|--|-----|----|---------|--------------------------------|
| Diagnosis and Treatment | | | | |
| 1. Identifies leprosy, BU and other NTDs early | | | | |
| 2. Completes disease-specific antibiotic treatment | | | | |
| 3. Correctly documents Leprosy Disability Grade and EHF score | | | | |
| 4. Identifies leprosy reaction and treats adequately | | | | |
| 5. Identifies Limitations of Movement (LOM) | | | | |
| 6. Identifies complications requiring care | | | | |
| Teaches affected person and caregiver how to: | | | | |
| 7. Suspect or identify a disease or complication and know where to go for help | | | | |
| 8. Complete disease-specific treatment | | | | |
| Healthy Eating | | | | |
| 1. Explains that eating healthily prevents disease and helps healing | | | | |
| 2. Explains which local foods help the body to heal (protein foods) | | | | |
| Personal Cleanliness | | | | |
| 1. Checks to see if faces are clean | | | | |
| 2. Checks that waste is stored safely | | | | |
| 3. Checks access to water and sanitation | | | | |
| 4. Explains good handwashing with soap | | | | |
| 5. Explains importance of routine bathing | | | | |
| 6. Explains washing of food | | | | |
| Care of Eyes | | | | |
| 1. Correctly assesses for visual acuity for distance and close up | | | | |
| 2. Identifies eye problems early | | | | |
| Teaches affected person and caregiver how to: | | | | |
| 3. Keep face and eyes clean | | | | |
| 4. Safely dispose of waste and water | | | | |
| 5. Eat food high in vitamin A | | | | |
| 6. Inspect eyes and check vision daily | | | | |
| 7. Protect eyes during the day and night | | | | |
| 8. Strengthen weak eye muscles | | | | |
| Care of Skin and Nails | | | | |
| 1. Feels and observes skin and nail conditions in adequate lighting | | | | |
| 2. Identifies skin and nail problems and takes action | | | | |
| 3. Demonstrates good skin care and nail care | | | | |
| 4. Identifies skin areas with sensory loss | | | | |
| Teaches affected person and caregiver how to: | | | | |
| 5. Do daily self-care of skin and nails | | | | |
| 6. Protect skin with sensory loss | | | | |
| Care for Wounds | | | | |
| 1. Organizes materials before starting wound care | | | | |
| 2. Washes hands before wound care procedure | | | | |
| 3. Uses gloves appropriately | | | | |
| 4. Removes gauze and bandages without damaging new skin | | | | |
| 5. Cleans wound with clean water or saline solution to remove debris and dead tissue without damaging new skin | | | | |
| 6. Moves joints near or at the wound before new dressing and bandage is applied | | | | |
| 7. Applies clean Vaseline gauze or other moisture-retentive dressing | | | | |
| 8. Bandages with light compression distal to proximal | | | | |
| 9. Bandages without restricting movement | | | | |
| 10. Tapes end of bandage, does not tie a knot to secure bandage | | | | |
| 11. Follows special care procedures for skin grafts under 10 days old | | | | |
| 12. Disposes of contaminated material safely | | | | |

| TASKS | YES | NO | Not Obs | Observations & Recommendations |
|--|-----|----|---------|--------------------------------|
| Care of Scars | | | | |
| 1. Identifies scars at risk (dry and/or at or near a joint) | | | | |
| 2. Keeps scars hydrated and flexible (water and Vaseline, shea butter or other) | | | | |
| 3. Keeps scars flat and mobile (compression and massage) | | | | |
| 4. If scar is contracting and limiting movement, positions and stretches it in the opposite direction | | | | |
| Teaches affected person and caregiver how to: | | | | |
| 5. Do self-care to keep scar hydrated, flexible and stretched to permit full movement | | | | |
| 6. Protect the scar from injury (sun, work, play) | | | | |
| Care of Swelling | | | | |
| 1. Identifies edema and takes appropriate action | | | | |
| Teaches affected person and caregiver how to: | | | | |
| 2. Elevate affected part, exercise and move frequently combined with "belly breathing" and light compression | | | | |
| 3. Confirm if swelling is better or worse | | | | |
| Care of Movement Limitations | | | | |
| 1. Identifies LOM comparing affected with unaffected side | | | | |
| 2. Begins movement and exercise at diagnosis and during daily activities | | | | |
| 3. Positions, if necessary, during day and night to improve movement | | | | |
| 4. Monitors if strength, movement and ability to do daily activities is better or worse and refers to rehabilitation specialist when necessary | | | | |
| 5. Restricts movement following skin graft or restricts movement immediately following tendon transfer according to surgeon's protocol | | | | |
| Teaches affected person and caregiver how to: | | | | |
| 6. Improve strength and movement through daily activities, exercise and positioning | | | | |
| Footwear | | | | |
| 1. Identifies person with sensory loss to soles of feet who is at risk of injury | | | | |
| 2. Checks to see if adequate footwear is used | | | | |
| 3. Assures footwear is repaired and adapted as needed | | | | |
| Teaches affected person and caregiver how to: | | | | |
| 4. Select appropriate footwear that is available at the local level | | | | |
| 5. Inspect and clean footwear daily as part of daily foot self-care practices | | | | |
| Other | | | | |
| 1. Includes affected person and family in treatment and care plan and implementation | | | | |
| 2. Assesses the person's ability to do daily activities and participate in family, school, work and community life | | | | |
| 3. Advocates for accessible and available community services, water and sanitation for all, including the elderly and disabled | | | | |
| 4. Gets additional help or refers when necessary | | | | |
| 5. Teaches affected person and caregiver when to seek help and where to go | | | | |
| Assessment and Documentation | | | | |
| 1. Assesses the patient correctly and records accurately on appropriate forms (disease and disability) | | | | |
| 2. Uses results to determine if outcomes are better, worse or the same | | | | |
| Logistics at Health Service | | | | |
| 1. Accessible clean water | | | | |
| 2. Accessible sanitation | | | | |
| 3. Adequate lighting | | | | |
| 4. Adequate ventilation | | | | |
| 5. Essential medicines, materials and supplies | | | | |
| 6. Adequate organization of work space | | | | |
| 7. Waste management | | | | |
| 8. Technical support | | | | |
| 9. OTHER: | | | | |

Primary Knowledge/Skill Focus During Supervision

Key Issues Requiring Additional Attention

Persons Supervised / Contacted & Function

Contact Information

Signature of Supervisor(s) and Date:

Recommendations for supervision visits:

- When possible, send the supervision checklist to the health service prior to the visit and request them to identify in which areas they need further "on-the-job training."
- Review results of supervision checklist with health service.
- Leave a copy of the supervision checklist with comments.
- Schedule next supervision visit.
- Schedule additional technical support on supervision visits as needed.

Annex 5: Self-Perception of Abilities

Name: _____ Profession: _____

Work Responsibility: _____ Health Service: _____

Municipality/Village: _____ Region: _____

OBSERVATION: Write the date when you feel you have learned how to do the following tasks. For the tasks not learned yet, ask the supervisor for help. When learned, write the date under Yes, I know and I can do.

| TASKS | Yes, I know and I can do (date: dd/mm/yy) | Need to learn |
|---|--|---------------|
| Diagnosis and Treatment | | |
| 1. Do simple community education messages about diseases, treatment and care | | |
| 2. Identify leprosy, BU and other NTDs early | | |
| 3. Provide specific antibiotic treatment and how to ensure treatment is completed | | |
| 4. Document on disease-specific forms | | |
| 5. Determine Leprosy Disability Grade and EHF at beginning and end of leprosy treatment | | |
| 6. Identify and treat leprosy reaction | | |
| 7. Determine Limitations of Movement (LOM) for BU Forms | | |
| 8. Identify and treat LOM | | |
| 9. Identify and treat acute attack in LF | | |
| 10. Identify and treat hydrocele | | |
| 11. Identify and treat trachoma | | |
| 12. Identify and treat other NTDs and their complications | | |
| Teaches affected person and caregiver how to: | | |
| 13. Suspect or identify a disease or complication and know where to go for help | | |
| 14. Complete disease-specific treatment | | |
| Healthy Eating | | |
| 1. Teach about local foods that can help prevent disease and and promote healing | | |
| 2. Work with individuals and community to improve healthy food sources and availability | | |
| Personal and Household Cleanliness | | |
| 1. Get the community to check that children's faces are clean | | |
| 2. Get the community to check that waste is stored safely | | |
| 3. Get the community to check access to water and sanitation for all | | |
| 4. Get community to practice household cleanliness, routine handwashing with soap, washing of food, daily bathing and cleaning of clothing and bedding | | |
| Care of Eyes | | |
| 1. Check visual acuity for distance and close up | | |
| 2. Observe eyes and identify eye problems early, such as acute vision loss, trichiasis (eyelashes turned in touching cornea), lagophthalmos (inability to close eye completely), etc. | | |
| Teach community and affected persons to: | | |
| 3. Keep face and eyes clean | | |
| 4. Dispose of waste and water | | |
| 5. Eat food high in vitamin A | | |
| 6. Observe eyes and check vision daily | | |
| 7. Protect eyes during the day and night | | |
| 8. Strengthen weak eye muscles | | |
| Care of Skin and Nails | | |
| 1. Observe skin and nail conditions in adequate lighting | | |
| 2. Identify skin and nail problems and take action to improve | | |
| 3. Identify skin areas with sensory loss | | |
| 4. Demonstrate good skin care and nail care | | |
| Teach community and affected persons to: | | |
| 5. Do daily self-care of skin and nails | | |
| 6. Protect skin that has sensory loss during daily activities | | |
| Care for Wounds | | |
| 1. Organize materials before starting wound care | | |
| 2. Wash hands before wound care procedure | | |
| 3. Use gloves appropriately | | |
| 4. Remove gauze and bandages without damaging new skin | | |
| 5. Clean wound with clean water or saline solution to remove debris and dead tissue without damaging new skin | | |
| 6. Move joints near or at the wound before new dressing and bandage is applied | | |
| 7. Apply clean Vaseline gauze or other moisture-retentive dressing | | |
| 8. Bandage with light compression distal to proximal | | |
| 9. Bandage without restricting movement | | |
| 10. Tape end of bandage, does not tie a knot to secure bandage | | |
| 11. Follow special care procedures for skin grafts under 10 days old | | |
| 12. Dispose of contaminated material safely | | |

| TASKS | Yes, I know and I can do (date: dd/mm/yy) | Need to learn |
|--|--|---------------|
| Care of Scars | | |
| 1. Identify scars at risk (dry and/or at or near a joint) | | |
| 2. Keep scars hydrated and flexible (water and Vaseline, shea butter or other) | | |
| 3. Keep scars flat and mobile (compression and massage) | | |
| 4. Position and stretch joint in the opposite direction of pull of scar contraction | | |
| Teach community and affected persons to: | | |
| 5. Do self-care to keep scar hydrated, flexible and stretched to permit full movement | | |
| 6. Protect the scar from injury (sun, work, play) | | |
| Care of Swelling | | |
| 1. Identify edema and take appropriate action | | |
| Teach community and affected persons to: | | |
| 2. Elevate affected part, exercise and move frequently combined with "belly breathing" and light compression | | |
| 3. Confirm if swelling is better or worse | | |
| Care of Movement Limitations | | |
| 1. Identify LOM comparing affected with unaffected side | | |
| 2. Begin movement and exercise at diagnosis and during daily activities | | |
| 3. Position, if necessary, during day and night to improve movement | | |
| 4. Monitor if strength, movement and ability to do daily activities is better or worse and refer to rehabilitation specialist when necessary | | |
| 5. Restrict movement following skin graft or immediately following tendon transfer according to surgeon's protocol | | |
| Teaches affected person and caregiver how to: | | |
| 6. Improve strength and movement through daily activities, exercise and positioning | | |
| Footwear | | |
| 1. Check use of footwear to protect feet from disease and/or injury | | |
| 2. Identify person with sensory loss to soles of feet who is at risk of injury | | |
| 3. Check to see if adequate footwear is used | | |
| 4. Assure footwear is repaired and adapted as needed | | |
| Teach community and affected persons to: | | |
| 4. Select appropriate footwear that is available at the local level | | |
| 5. Inspect and clean footwear daily as part of daily foot self-care practices | | |
| Other | | |
| 1. Include affected person and family in treatment and care plan and implementation | | |
| 2. Assess the persons ability to do daily activities and participate in family, school, work and community life | | |
| 3. Advocate for accessible and available community services, water and sanitation for all, including the elderly and disabled | | |
| 4. Get additional help or refer when necessary | | |
| 5. Teach affected person and caregiver when to seek help and where to go | | |
| Assessment and Documentation | | |
| 1. Assess the patient correctly and record accurately on appropriate forms (disease and disability) | | |
| 2. Use assessment to determine treatment | | |
| 3. Use follow-up assessment results to determine if outcomes are better, worse or the same | | |
| Logistics at Health Service | | |
| 1. Know when and where to refer | | |
| 2. Know who to contact for technical support and referral | | |
| 3. Ensure clean water is available and accessible | | |
| 4. Ensure sanitation is available and accessible | | |
| 5. Ensure adequate lighting | | |
| 6. Ensure adequate ventilation | | |
| 7. Ensure essential medicines, material, supplies and lab exams are available | | |
| 8. Ensure work activities and work space are organized to improve work efficiency and minimize cross contamination | | |
| 9. Ensure safe storage of contaminated material and waste | | |
| 10. OTHER: | | |

Ten Steps

SUMMARY CARD

A Guide for Health Promotion and Empowerment of People Affected by Neglected Tropical Diseases

By Linda F. Lehman, Mary Jo Geyer and Laura Bolton | July 2015 | www.leprosy.org/ten-steps

The Health Coach and person affected know how to:



Step 1: Suspect, Identify and Treat Disease and/or Health Condition Early

1. Look and feel for painless skin patches, lumps, swelling or ulcers while performing daily hygiene.
2. Complete treatment correctly.
3. Suspect a disease and/or identify a complication and know who to contact and where to go for help.



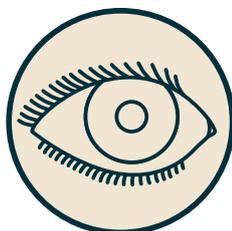
Step 2: Eat Healthily

1. Eat local foods, particularly colorful foods such as red, yellow and green fruits and vegetables and dairy products.
2. Drink 8-10 cups of liquids daily such as clean water, juice, etc.



Step 3: Practice Good Personal and Household Cleanliness

1. Bathe daily and wash face, hands, food and clothing with soap and water.
2. Safely dispose of human, animal and household waste and excess water to discourage flies.
3. Avoid sharing towels and bedding.



Step 4: Care for Eyes

1. Eat foods rich in vitamin A such as sweet potato, butternut squash, dark leafy greens, mango and other tropical fruit.
2. Wash face and practice good personal and environmental hygiene.
3. Check vision and eyes for changes or problems and know who to contact and where to go for help.
4. Protect eyes from injury during daily activities and from getting dry.



Step 5: Care for Skin and Nails

1. Look at skin and nails daily to identify and care for problems such as cracks and wounds. Keep skin soft and flexible and nails cleaned and trimmed.
2. Protect skin from sun exposure, especially scars and skin that has lost sensation. Use long sleeves, trousers, sunscreen, gloves, appropriate footwear, etc.



Step 6: Care for Wounds

1. Follow the key wound care principles, which will help the wound heal faster. Use moisture-retentive dressings.
2. Keep dressing clean and dry and know how to change it.
3. Identify if the wound is getting worse and/or infected (warmth, fever, bad odor, increased pain, swelling, wound size, etc.). Know who to contact and where to go for help.
4. Safely dispose of contaminated wound care materials.
5. Preserve skin and joint mobility by moving the affected part often and positioning it opposite of the contracting pull of healing skin.



Step 7: Care for Scars

1. Keep scars soft, flexible and stretched opposite the “pulling in” forces of a healing wound or healed scar.
2. Move affected part often when scars are at or near a joint to prevent movement limitations.
3. Loosen scars sticking to underlying structures with gentle massage.
4. Protect scars from moisture loss, injury and/or sunburn.



Step 8: Care for Swelling (Edema)

1. Check for swelling and take action to reduce it as quickly as possible to prevent complications, lessen pain and improve mobility.
2. Elevate affected part and improve lymphatic drainage with “belly breathing,” self-massage, frequent exercise and light compression (MEM technique). Seek help if swelling is not reduced.
3. Discontinue elevation if it increases pain.



Step 9: Care for Movement Limitations

1. Check for movement limitations by comparing both sides.
2. Combine good positioning with frequent stretching exercises to improve strength and mobility. If no improvement, seek help.
3. If pain severely increases after exercise/activity, modify the exercise/activity.



Step 10: Use Protective Footwear

1. Identify who needs to use protective footwear and select footwear that protects the feet from injury and infection.
2. Combine good self-care hygiene practices with protective footwear for feet with sensory loss.
3. Know who to contact and where to go for help for unusual foot shapes or special needs requiring custom footwear.



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