

Unit 5:

Safe Handling and Disposal of Faeces

27. Do all faeces contaminate and spread illnesses?

Yes, ALL faeces contaminate and spread illnesses, whether they are from adults, children, babies, or animals.

28. Where to Dispose of Faeces

Safely disposing of faeces is a critical step to reducing the chance of spreading germs and greatly reducing the spread of diseases. It is important to put ALL faeces in a latrine. ALL faeces from people (babies, young children, the frail/elderly, the ill, the healthy) should be put in a latrine.

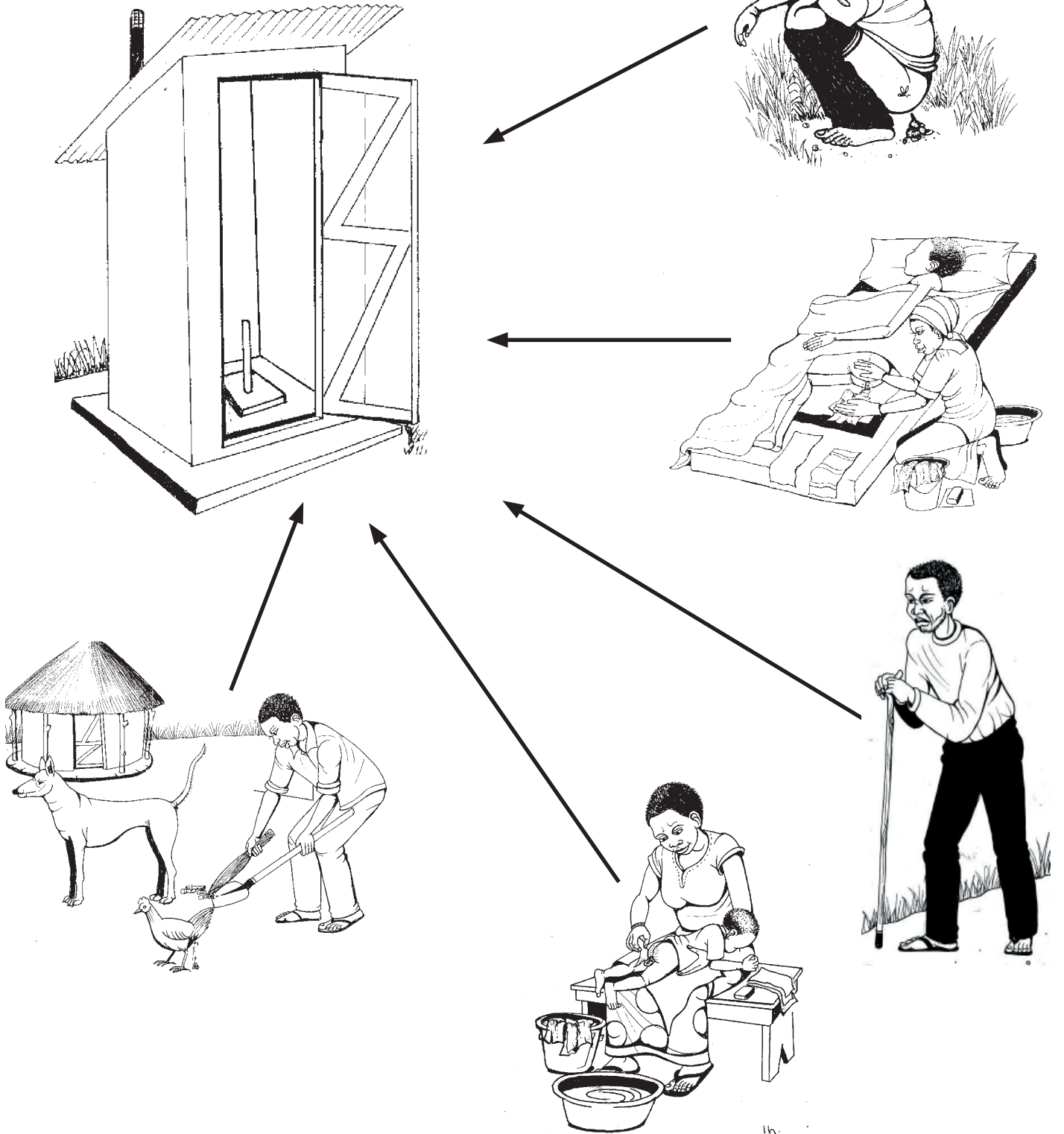
If it is impossible to put the faeces in a latrine, then you should bury the faeces (like cats bury their faeces).

Animal and people faeces that are in and around the house and near your source of water should be picked up with a shovel/hoe/broom (not by hand!) and put in the latrine or buried (the way cats bury their faeces).

FAECES DISPOSAL

Counselling Card

Put faeces of sick people, adults, children, babies, and animals (including birds) in a latrine.



29. Faeces and Urine Disposal Care for a BEDBOUND client

The body must get rid of faeces and urine to remain healthy. The amount of help that a client needs to get rid of his/her faeces depends on how your client feels, how well they are able to move/walk, and whether the client can still control when he/she urinates or defecates. This section provides information for how to provide urine and faeces disposal help for clients who **CANNOT GET OUT OF BED**. Section 33 (page 101) will cover information for clients who are very weak but they can sit up with help, but cannot walk well. Section 34 (page 106), will cover information for clients who, with help, can still get to and use the latrine/toilet.

Bed-bound client's have special needs because they cannot get up from their bed to use the latrine/toilet or to use a bedside commode. Sometimes, bed bound clients are so weak that they may not be able to turn themselves in the bed or clean themselves after urinating/defecating. Following is information for how to provide help with the urine and faeces elimination needs of bed-bound clients:

30. How to Turn a Client and Position a Bedbound Client

A client who cannot get out of bed must be helped to defecate in the bed and must have the bed linens changed when they get soiled. In order to do this, it is necessary to be able to safely roll the client on their side or to move them from one side of the bed to the other. Following are guidelines for how to roll or move a client in a way that does not hurt the client or injure the caregiver.

30A. How to Turn a Client with One Caregiver

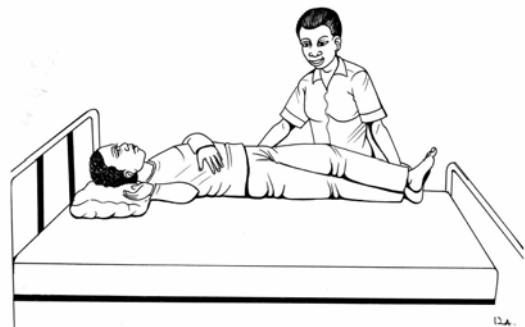
Assisting a client to turn on his/her side while still lying in bed is important so that:

- The HBC provider or care giver can change soiled linens without having to get the client out of bed (if they are bed-bound)
- The client can urinate and defecate in a bed pan if they cannot lift up their hips,
- The client can keep as clean as possible while they are in the bed
- The client can reduce his/her chance of getting bed sores (or reduce their intensity) since the client will not be in one position, without enough circulation, for too long.

Steps for turning:

STEP 1	Prepare: Wash your hands, as taught in Unit 2, Section 5 (page 22). Come to the side of the client (stand next to the bed, or, if the client is on a mat on the floor, kneel next to the client) and communicate with the client about what you are going to do.
-------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STEP 2	Bend the client's arm that is farthest away from you up and next to the client's head. Then bend the client's other arm across his/her chest.
-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------



STEP 3	Cross the client's leg that is closest to you by placing it over the client's other leg.
-------------------------	------------------------------------------------------------------------------------------

STEP

4



Place one hand on the client's shoulder and the other hand on the client's hip. Gently roll the client away from you on his/her side so that they are close to the side of the mattress that is farthest away you. The client is now lying on their side.

STEP

5

To turn the client back, place one of your hands on the client's shoulder and place your other hand on the client's hip. Gently roll the client towards you on his/her side so that they come back towards your side.

STEP

6

Wash your hands.

30B. How to Turn A Client in Bed with Two Caregivers and a Lift Sheet

Using a "lift sheet" with the help of another caregiver is another way of turning and lifting a client who is unable to move on their own. Using the sheet reduces the amount of friction that occurs on the client's skin and it helps lift the client more evenly. In order to make the lift sheet, take a flat sheet or large piece of cloth and place it under the client (see previous section, part A, for how to get the sheet under the client) so that it extends from the client's shoulders to above the client's knees.

Steps to use a lift sheet:

STEP

1

Prepare: Wash your hands, as taught in Unit 2, Section 5 (page 22).
Come to the side of the client and communicate with the client about what you are going to do.

STEP
2 One volunteer comes to one side of the client and the second volunteer goes to the opposite side of the client, facing the other volunteer.

STEP
3 Both caregivers stand with their feet at least hip width apart or more (a broad base of support), pointing their feet towards the head of the bed. With their hands the caregivers roll the sides of the lift sheet up close to the person and grasps the rolled up lift sheet firmly next to the client's shoulders and buttocks.

STEP
4 The caregivers bend their hips and knees and slide the client to the desired position (may be helpful on the count of 3 or another useful method to know the exact time to lift the client). The caregivers shift their weight from their rear leg to their front leg.

STEP
5 The client is now moved to the desired position and the lift sheet can be unrolled and can remain under the client.

STEP
6 Wash your hands.

31. Faeces Care for A Client Who Cannot Control When they Defecate or Urinate (An “Incontinent Client”) or A Bedbound Client

People normally have the ability to control (or manage when they pass/let go of) their faeces and urine unless they are infants and young children who have not yet developed the control or people who are sick, frail and/or have a physical problem, causing faeces or urine to leak unexpectedly from their body. This inability to control urine or faeces is often called “*incontinence*”.

Bed bound clients who cannot control when they defecate or urinate (are incontinent) have special needs because they are likely to soil their linens

and, if help is not available right away, lay in their faeces and urine for long periods of time. Incontinent bed-bound clients can also create a lot of work for the people who take care of them because they need help cleaning themselves and having their bed linens and clothes changed and washed. Following is information on using plastic sheets and plastic pants to reduce the amount of soiling of bed linens and clothing, which may increase the comfort of the client, reduce the risk of spreading illness, and reduce the amount of work for the caregivers. [Note: plastic sheets and plastic pants can also be used by mobile clients who are incontinent to protect furniture and clothes.]

31A. How to Use a Mackintosh, Plastic Sheet or Banana Leave(s) and Changing Soiled Bed Linens (Making an Occupied Bed)

It is important to look at what we can do to help protect the bed linens from getting soiled and how to change them when they do get dirtied. Steps for using a Mackintosh/plastic sheet or banana leaves while changing soiled bed linens include:

STEP

1

Prepare: Wash your hands, as taught in Unit 2, Section 5 (page 22).

- Come to the side of the client and communicate with the client about what you are going to do.
- Prepare the materials you need (fresh linens, gloves, plastic sheet material, other plastic material, Mackintosh, banana leaves, etc).
- Ensure privacy of the client.
- Position the client on their back.
- Cover your hands with gloves, plastic sheeting or other plastic material.

STEP**2**

- Loosen the top linen at the foot of the bed.
- Remove any blankets.
- If the linens or blankets are dirty, remove it by rolling or folding it away from you, with the side that touched the client inside the roll. Place in a container for dirty linens/clothes. If it is not soiled and will be reused, fold it over the back of a clean surface for later use.
- Be sure to place a clean cloth, piece of clothing, sheet or blanket over the client to keep them covered throughout the linen changing procedure.

STEP**3**

- Assist the client to turn to the far side of the bed, as described in Section 30 “How to Turn A Client” on page 74.
- On the side closest to you, loosen the bottom sheet, plastic sheet (or Mackintosh) and/or cotton cloth which may be covering the mattress.
- Fanfold the bottom linens one at a time toward the person: cotton cloth, plastic or rubber sheet/mackintosh or banana leaves, then the bottom sheet.

STEP**4**

- Place the prepared clean bottom sheet on the exposed side of the bed by folding it lengthwise with centre crease in the middle of the bed.
- Smooth the side nearest you and tuck the sheet under the mattress.
- Fanfold the top part towards the person.
- If a plastic/rubber sheet (or Mackintosh or banana leaves) are used, repeat the previous 2 steps with a plastic sheet, placing it where the person’s hips and thighs will lay. A plastic/rubber sheet (or Mackintosh or banana leaves) **MUST** be completely covered with a cotton cloth to prevent irritation and breakdown of the client’s skin.
- Place the cotton cloth on top of the plastic/rubber sheet or Mackintosh or banana leaf and repeat the same steps followed for the bottom and plastic/rubber sheet (or Mackintosh or banana leaves).

STEP**5**

- Go to the other side of the bed and turn the client so they are on the side of the bed away from you (so they are rolled onto the clean linens).
- On the side closest to you, loosen the soiled linens, if soiled, remove them from one piece at a time by rolling or folding them away from you, with the side that touched the person inside the roll.
- If a person is dirty, clean them.

STEP**6**

- Unfold the clean bottom sheet, plastic sheet (or rubber sheet, mackintosh or banana leaves), and cotton cloth towards you and tuck them in under the mattress. Do not tuck in top linens so tight that they pull or press on the client's toes or feet.
- Assist the client to a comfortable position in the middle of the bed.
- Replace the pillows (after changing pillow case/s where necessary) and adjust them to a comfortable place for the client.

STEP**7****Safe Transport, Disposal and Disinfection:**

- Remove the soiled linens carefully to avoid contaminating yourself.
- Empty any blood or body fluids immediately in the latrine.
- If a latrine is not available, bury faeces or urine away from the household and deep in the ground.
- For any sanitary towels/napkins which may be soiled with menstrual blood, follow the disposal instructions outlined in Unit 6, Section 40 (page 116). For any soiled cloth that will be reused, follow the Steps to Disinfect a Menstrual Cloth, in Unit 6, Section 41 (page 118).
- For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63).

STEP**8****Hand Washing:**

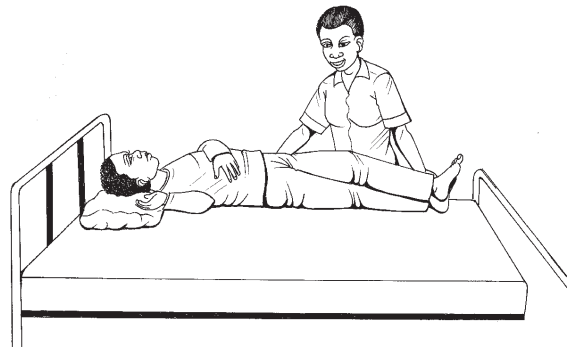
- Remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as taught in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash their hands with soap (or ash) and with rubbing motion. Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

TURNING BED-BOUND CLIENT, CHANGING BED LINENS

Counselling Card

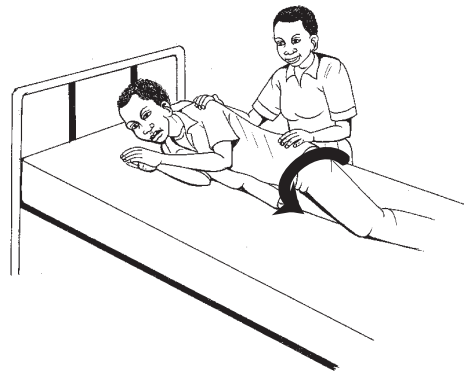
1

- Wash your hands and, if the linens are soiled, cover your hands with gloves/plastic sheet material.
- Bend the person's farthest arm next to his/her head and place the other arm across his/her chest.
- Cross his/her leg over the other leg.



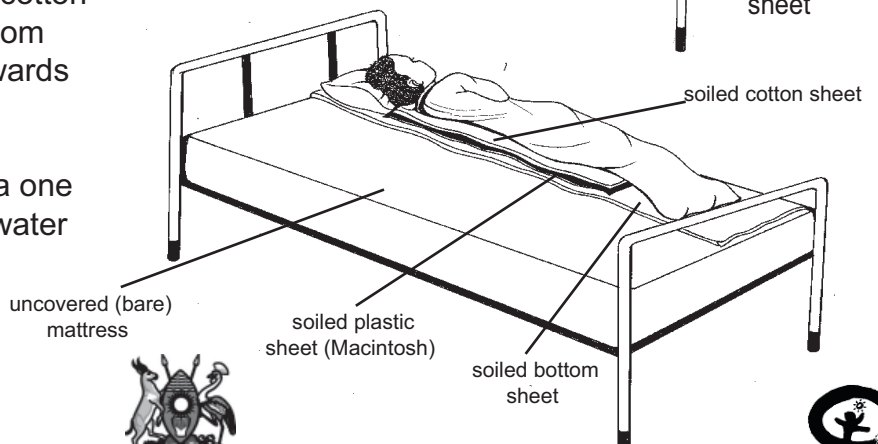
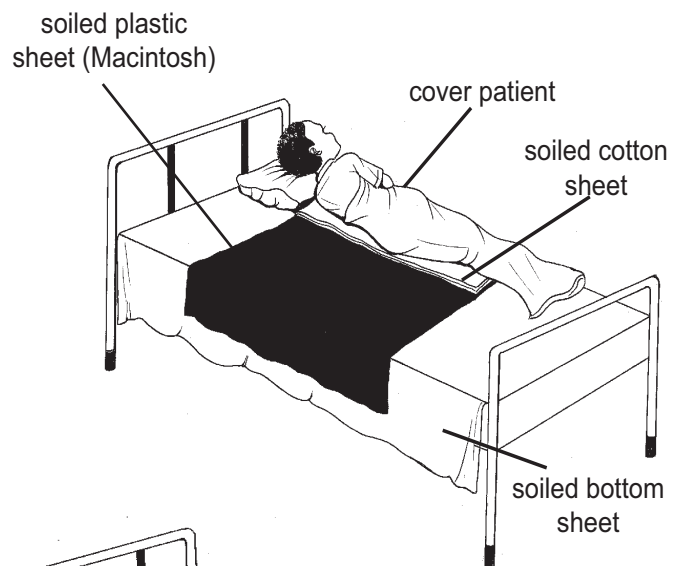
2

- Place one hand on the person's shoulder and the other on his/her hip.
- Turn the person away from you onto his/her side so that he/she is close to the side of the bed farthest away from you.



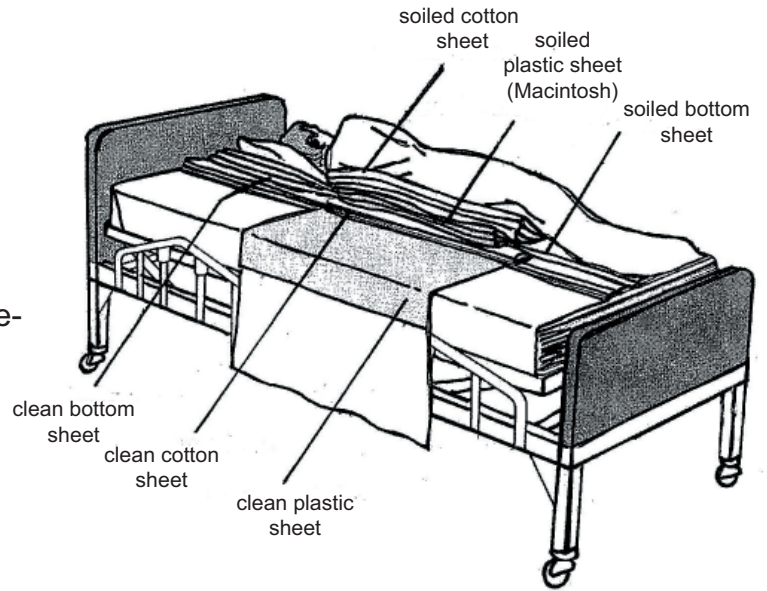
3

- On the side closest to you, loosen the bottom sheet/ plastic sheet/cotton cloth.
- Fan fold bottom linens (cotton cloth, plastic sheet, bottom sheet) one at a time towards the person.
- Wipe any moisture on exposed mattress with a one part Jik and nine parts water mixture.



4

- Place clean bottom sheet on the exposed side of the bed by folding it lengthwise with center crease in middle of bed.
- Smooth the side nearest you and tuck the sheet under the mattress. Fanfold the top part towards the person.
- If a plastic sheet is used, repeat previous two steps with plastic sheet, placing it where the person's hips and thighs will lay.
- A plastic sheet must be completely covered with a cotton cloth. Place the the cotton cloth on top of the plastic sheet and repeat the same steps followed for the bottom and plastic sheets.



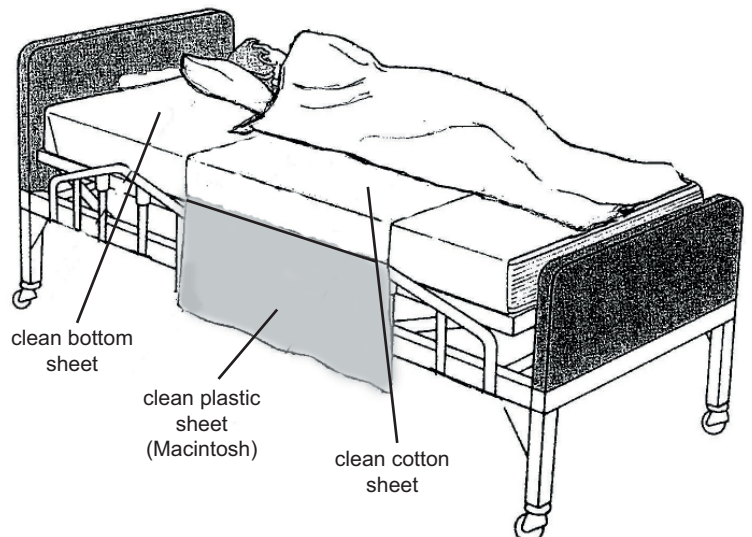
5

- Go to the other side of the bed and, repeating steps 1 and 2, position the person on the side of the bed away from you (so he/she is rolled onto the clean linens).
- One the side closest to you, loosen the soiled linens, if soiled, remove them one piece at a time by rolling or folding them away from you, with the side that touched the person inside the roll.
- If person is dirty, clean him/her, then wash gloves/plastic sheet covering hands with soap and water (or put on clean ones).



6

- Pull the clean bottom sheet, plastic sheet, and cotton cloth towards you and tuck in under mattress.



31B. How to Use Plastic Pants

As an alternative to using Mackintosh or plastics sheets (or as an additional precaution), clients who cannot control when they urinate and defecate can benefit from using plastic pants, which are made from medium-weight plastic. The pants will fit to the client's shape so any faeces or other body fluids are contained inside the pants.

STEP

1

Cut the plastic sheet into shape of pants that is opened up to lay flat. Refer to the Counselling Card images posted below. Cut a size appropriate for client.

STEP

2

Have a local tailor sew gathers with an elastic band on inside of edges that go between the legs (to prevent gaps that can leak).

STEP

3

Place a cotton cloth over plastic pants and put them on client making sure that only cotton cloth comes in contact with client's skin. Tie sides of the pants to hold in place.

PLASTIC PANTS

Counselling Card

- Used to protect bedding and clothing from urine and feces.
- Made from medium weight plastic (like plastic sheets for delivery).
- ALWAYS put cotton cloth between patient's skin and plastic pants.

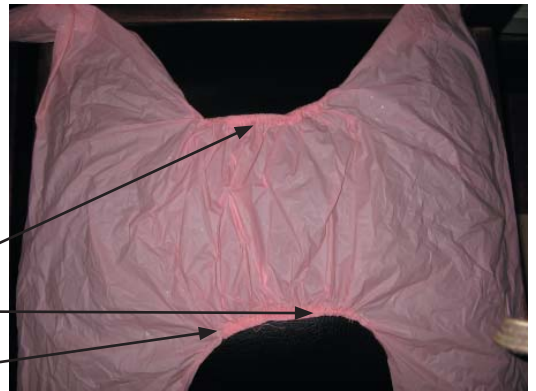
Making Plastic Pants

1 Cut plastic sheet into shape of a pant (that is opened up to lay flat). Cut a size appropriate for client.



2 Have local tailor sew gathers with an elastic band on inside of edges that go between the legs (to prevent gaps that can leak).

gathers
made by
tailor



3 Place a cotton cloth over plastic pant and put them on client making sure that only cotton cloth comes in contact with client's skin. Tie sides of pant to hold in place.



31C. Using a Bedpan/or Basin in the Bed

Bedpans (or a basin) can be placed under the hips of clients who cannot get out of the bed to collect urine and faeces. Women and girls confined to the bed often use bedpans to urinate and defecate. However, men and boys confined to the bed often use them only to defecate and use a urinal (or clean, tall cup/can) to urinate.

It is very important to wash your hands (Unit 2, Section 5, page 22) and follow the Universal Precautions (Unit 4, Section 19 page 54) when handling bedpans and their contents. It is also important that the bedpan is covered after use and is taken immediately to the latrine or toilet. After being emptied and rinsed, it needs to be cleaned and returned to the client's bedside.

To assist a client with use of a bedpan/basin, use the following steps:

STEP

1

Prepare:

- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- Come to the side of the client and communicate with the client about what you are going to do.
- Prepare the materials you need (e.g. basin, clean cloth or tissue, gloves, plastic sheet material, clean sanitary pad, etc).
- If available, put a little powder or ash on the edge of the basin/bedpan to help prevent the rim sticking to the client's skin.
- Ensure privacy of the client.
- Put a Mackintosh, plastic sheet, fresh large banana leaf, extra cloth, towel or newspaper under the client's hips to protect the bedding.
- Position the client on his/her back.
- Cover your hands with gloves, plastic sheeting or other plastic material.
- Put some ash in the bottom of the bedpan to prevent faeces from sticking to it.

STEP**2****Bedpan Placement for Client who is Able to Lift Hips:**

[Note: If the client is unable to lift his/her hips, skip this step and go directly to Step Three.]

- If a client is able to lift his/her hips, slide a clean plastic basin/bedpan under the client's buttocks (helping the client into a sitting position on the bedpan) and then go to Step Four.

STEP**3****Bedpan Placement for Client who is Unable to Lift Hips:**

- If a client cannot lift their hips, turn the client onto his/her side.
- Place the bedpan against the client's buttocks. If you are using a bedpan and not a bowl/basin make sure you put the open end of the bedpan towards the direction of the client's feet.
- Hold the bedpan securely and assist the client to roll onto their back.
- Make sure the bedpan is centred under the client.

STEP**4****Wait:**

- Partially drape a sheet, blanket or piece of cloth over the client to provide privacy.
- Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.
- Agree with the client on a signal so they can let you know when they are finished or when help is needed (e.g. calling the provider's name loudly, making a noise by hitting a spoon against a metal pan if the person cannot call out loudly, etc.).
- Give the client privacy until the client signals for you to return. Return when the client signals.

STEP**5****Remove Bedpan for Client who is Able to Lift Hips:**

[Note: If the client is unable to lift his/her hips and raise his/her buttocks, skip this step and go directly to Step Six.]

- Ask the client to raise his/her buttocks.
- Remove the bedpan carefully to avoid spilling any faeces, urine or possible soiled sanitary towels/napkins or cloth in the bed.
- If the client was able to wipe him/herself, ensure they are clean. Remind the female to wipe from front to back to avoid bringing germs into the vagina and bladder.
- If the client was unable to wipe him/herself, clean the client from front to back, using a clean side of the tissue/cloth for each wipe.
- Clean the genital and rectal area if necessary.
- Now go to **Step Seven**.

STEP**6****Remove Bedpan for Client who is Unable to Lift Hips:**

- If a client is unable to lift their hips, hold the bedpan securely (so it lays flat against the mattress) and turn the client onto the side away from you.
- Remove the bedpan carefully to avoid spilling any faeces, urine or soiled sanitary towels/napkins or cloth in the bed.
- Clean the genital and rectal area if necessary, from front to back, using a clean side of the tissue/cloth for each wipe.
- Now go to **Step Seven**.

STEP**7****Safe Transport and Disposal of Contents:**

- Cover the bedpan and/or sprinkle the contents with ash.
- Immediately take the bedpan to the latrine and put the faeces or urine in the latrine.
- If a latrine is not available, bury the faeces or urine away from the household deep in the ground.
- For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63).

STEP**8****Hand Washing:**

- Safely remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.
- Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

HOW TO USE A BEDPAN

Counselling Card

1

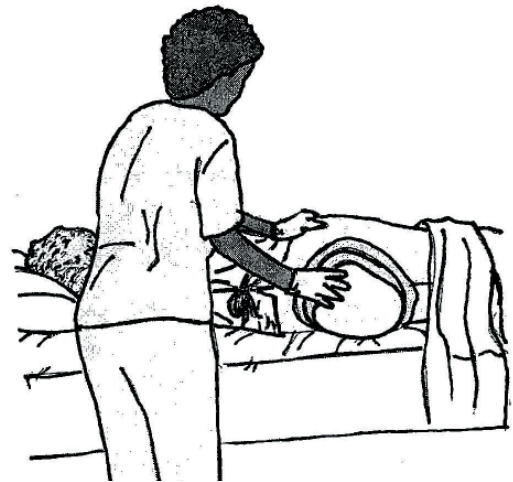
If person can lift hips, slide the bedpan under the buttocks.



2

If person cannot lift hips:

- Turn person onto side
- Place bedpan against person's buttocks
- Assist person to roll onto bedpan



3

- After person has finished (defaecated – urinated), carefully remove bedpan without spilling
- Clean person
- Immediately put faeces – urine in latrine



31D. Using a Urinal (or clean, tall cup/can with a smooth edge):

Clients who must urinate and defecate in bed need to use something to “catch” the urine and faeces so that it can be put in the latrine (or buried). As we learned above, a bedpan, or shallow basin, can be placed under the hips of the person who is laying on the bed to catch the faeces of men and women. A bedpan can also catch urine of women. However, for men, a urinal (or tall cup or can) can be used to catch urine. Following is a description of how to help a client use a urinal (or tall cup/can).

- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- Come to the side of the client and communicate with the client about what you are going to do.
- Prepare the materials you need (e.g. basin, clean cloth or tissue, plastic sheet material, clean sanitary pad, etc).
- Add extra protection under the client - a Mackintosh, plastic sheet, fresh large banana leaves or even an extra cloth, towel or newspaper may be placed under the person's hips.
- Cover your hands with gloves, plastic sheeting or other plastic material.
- Give the person the urinal. If he is unable to place it himself, place it between his legs in a position to collect the urine.
- Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.
- Agree with the client on a signal so they can let you know when they are finished or when help is needed (e.g. calling the provider's name loudly, making a noise by hitting a spoon against a metal pan if the person cannot call out loudly, etc.).
- Give the client privacy until the client signals for you to return. Return when the client signals.
- Provide for privacy.
- If the client was able to wipe himself, ensure they he is clean and dry. If the client was unable to wipe himself, clean the penis using a clean side of the tissue/cloth for each wipe.
- Collect the urinal and dump the contents in the toilet or latrine.
- Wash urinal, cover and store.

32. How to Clean the Private Parts (also called the genital and rectal area)

Care of the private parts (perineal care) is the washing of the genital and rectal areas of the body. It should be done at least one time a day. It is done more often when a client is incontinent (unable to control the passing of faeces or urine) or who has to use a bedpan (basin) or urinal for faeces and urine disposal. Assisting clients with their personal hygiene care and ensuring they are free of faeces, blood, urine in their private parts (perineal) area is very important for the health and wellbeing of clients. It also is an important part of preventing infection, odours and irritation and breakdown of the client's skin.

Private parts (perineal) care is a sensitive issue and should be kept as simple as possible, doing only what is necessary for the client and allowing the client to do as much he or she can for him or herself (to build and maintain their dignity and self-respect).

Bedbound clients are likely to need more help in maintaining a their private parts (perineal) area clean. At a minimum, it is important for a client to have soap, water, clean rags and a plastic container within reach of their bed so they can clean him or herself each day. In addition, if an adolescent girl or woman is menstruating, it is important to make clean rags or sanitary napkins available for soaking up menstrual blood and changing when necessary.

If a client is unable to thoroughly clean his/her private parts (perineal) area, especially after defecating and urinating, then the caregiver needs to help the client. Following is information on how to properly clean the private parts (perineal) area of a woman and a man.

Before Cleaning the Private Parts (Perineal) Area:

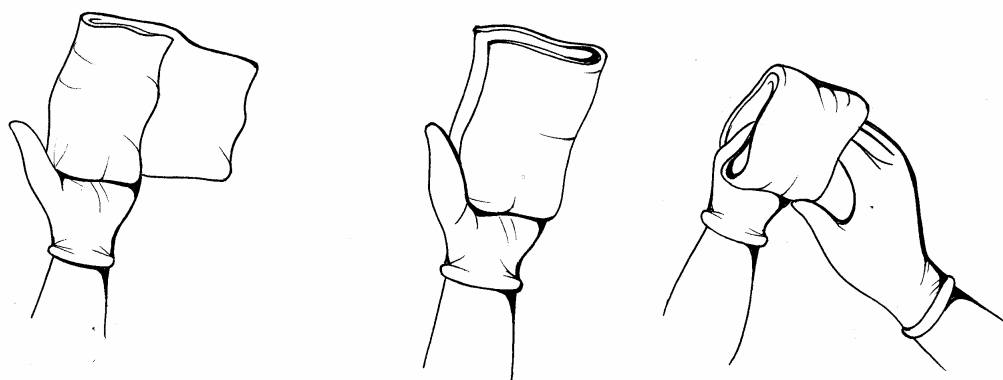
The first step BEFORE cleaning the private parts (perineal) area (of a male or female client) is to prepare for the task.

STEP

1

Prepare:

- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- Prepare the materials you need for private parts (perineal) care (e.g. clean, cloth, soap, water, towel, cloth sheet or large cloth, plastic sheet, gloves, etc).
- Come to the side of the client and communicate with the client on what you are going to do.
- Ensure the privacy of the client.
- Position the client on their back.
- Cover your hands with gloves, plastic sheeting or other plastic material.
- Put a protective, waterproof cover on the bed linen (e.g. plastic sheet or Mackintosh).
- Dip a clean cotton cloth into a basin or bucket of clean, soapy water and squeeze the excess water.
- Take the damp clean cloth and fold it over your dominant hand, so that the ends of the cloth are turned inward and around your hand like a mitt (see image). This mitt is used to clean the client.



Note: Folding the cloth like a mitt around the hand helps keep larger segments of the cloth clean for separate cleansing strokes. This is important to minimize contaminating one area of the private parts (perineal) area with germs cleansed from another area of the private parts (perineal) area.

32A. Private Parts (Perineal) Care of Females

STEP

1

Prepare:

- See page 93: “Before Cleaning the Private Parts (Perineal) Area.”

STEP

2

Separate and Hold:

- Separate the lips of the female genital “lips” (labia) with the non-dominant hand that does not have a mitt.

STEP

3

Cleanse/Protect Genital Area:

- Use the mitted cloth with the other (dominant) hand and wash the area with short downward strokes, cleaning from the front (the vaginal area) towards the direction of the back (rectal area).
- Use a different clean side of the damp mitt for each downward stroke.
- First clean the inside lips, and then move from “in to out” to clean the larger, outside lips and groin/inner thigh area, removing any blood, faeces, urine and/or vaginal discharge.
- Rinse the private parts (perineal) area with a different, CLEAN cloth
- Pat the area dry with a clean, dry cloth.
- Apply a thin layer of Vaseline or barrier skin cream to the inner thigh area.

Note: It is important that you use the “front-to-back” technique to clean from a “clean area” towards a “dirty area”. This is to prevent contamination of the vaginal and urethral area with germs from the rectal area.

STEP**4****Cleanse/Protect Rectal Area:**

A side-lying position allows the rectal area to be cleaned well.

- Ask the client to turn on her side. If she is unable to move on her own, turn the client on her side (as previously taught in Unit 5, Section 30, on page 74).
- Use the rinsed cloth to clean around the rectum in the buttock area by wiping in the direction of “front to back” (vagina to rectum), removing any faeces, blood, urine and/or other body fluid.
- Rinse the cloth and rinse/cleanse the area. Pat the area dry with a clean, dry cloth.
- Apply a thin layer of Vaseline or barrier skin cream to the buttocks and rectal area.

STEP**5****Safe Disinfection and Disposal of Soiled Materials:**

- For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in unit 4, section 20A (page 62).
- For any cleaning material that will not be re-used, burn it, throw it in the latrine (rural areas only), or double bag it and put it in the trash.

STEP**6****Hand Washing:**

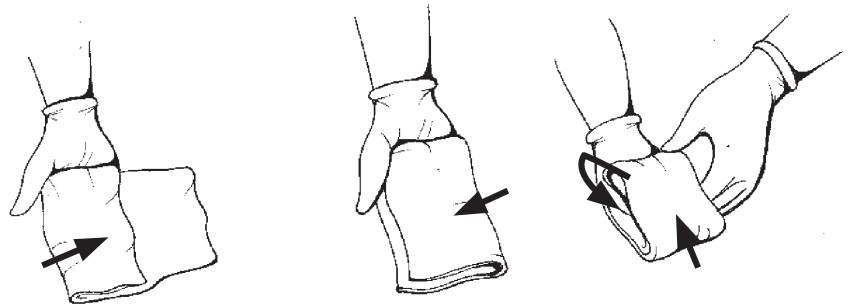
- See steps listed in the section labelled “Hand Washing After Cleaning Client’s Private Parts (Perineal) Area” (which can be found directly after the section below on “Private Parts (Perineal) Care for Males”, page 100).

CLEANING FEMALE CLIENT

Counselling Card

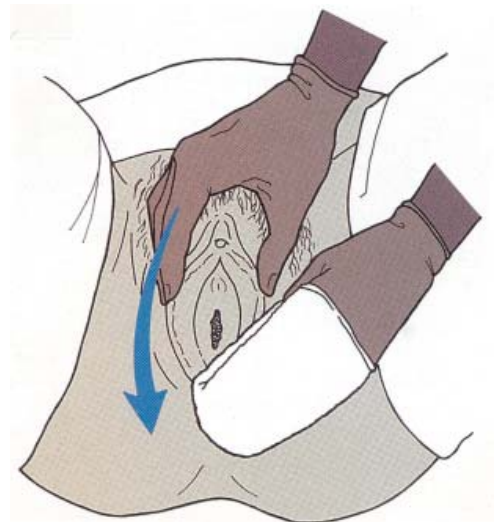
1

Make mitt from clean cotton cloth.



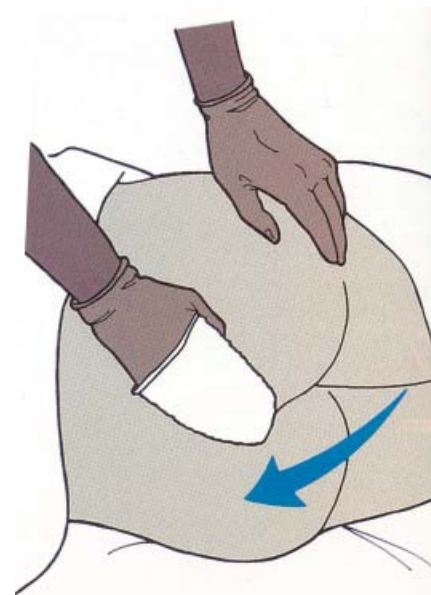
2

- Separate lips (labia) with one hand.
- Use a damp, mitted cloth with front to back strokes.
- First clean inside lips (small labia), then clean outside lips (bigger labia).
- Use different area of mitt for each stroke.
- Pat dry with clean cloth.



3

- Clean anal (buttocks) area by wiping from “front to back” (vagina to anus).
- Side lying position allows anus area to be cleaned well.
- Pat dry with clean cloth.



32B. Private Parts (Perineal) Care of Males

STEP

1

Prepare:

- See page 92: “Before Cleaning the Private Parts (Perineal) Area.”

STEP

2

Gently Pull and Hold Foreskin:

- Pull back the foreskin of the uncircumcised penis with the non-dominant hand that does not have a mitt.

STEP

3

Cleanse Under Foreskin:

- Use the hand with the mitted cloth to clean the head of the penis.
- Start at hole where urine comes out and cleanse from the hole.
- Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.
- Rinse the private parts (perineal) area with a different, CLEAN cloth
- Pat the area dry with a clean, dry cloth.

STEP

4

Release and Cleanse Foreskin:

- Return the foreskin to its normal position.
- Clean outside the foreskin with a circular motion.
- Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.
- Rinse the cloth and rinse/cleanse the area.
- Pat the area dry with a clean, dry cloth.

STEP**5****Cleanse Shaft:**

- Clean the shaft of the penis with a downward motion towards the scrotum and base of the penis.
- Use a different clean side of the damp mitt for each stroke, removing any blood, faeces, urine and/or discharge.
- Rinse the cloth and rinse/cleanse the area
- Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or barrier skin cream if the client is incontinent of urine.

Note: The technique of cleaning by starting to clean from the tip of the penis down the shaft of the penis is intended to prevent contamination of the urethral area with germs from the rectal area.

STEP**6****Cleanse Rectal Area:**

The side-lying position allows the rectal area to be cleaned well.

- Ask the client to turn on their side. If they are unable to move on their own, turn the client on their side (as previously taught in this module).
- Use the rinsed cloth to clean around the rectum in the buttock area by wiping in the direction of “front to back” (penis to rectum), removing any faeces, blood, urine and/or other body fluid.
- Rinse the cloth and rinse/cleanse the area.
- Pat the area dry with a clean, dry cloth. Apply a thin layer of Vaseline or barrier skin cream to the buttocks and rectal area if the client is incontinent of urine or faeces.

STEP**7****Safe Disinfection and/or Disposal of Soiled Materials:**

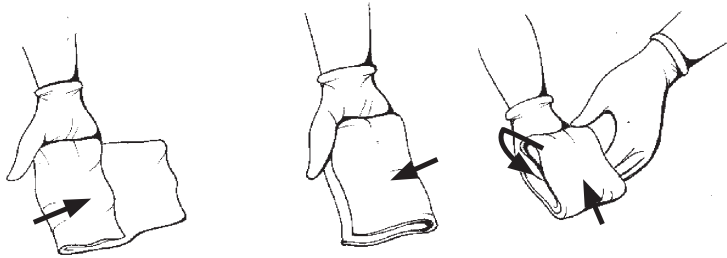
- For any soiled cloth that will be re-used, follow the Steps to Disinfect a Cloth, in unit 4, section 20A (page 60).
- For any cleaning material that will not be re-used, burn it, throw it in the latrine (rural areas only), or double bag it and put it in the trash.

STEP**8****Hand Washing:**

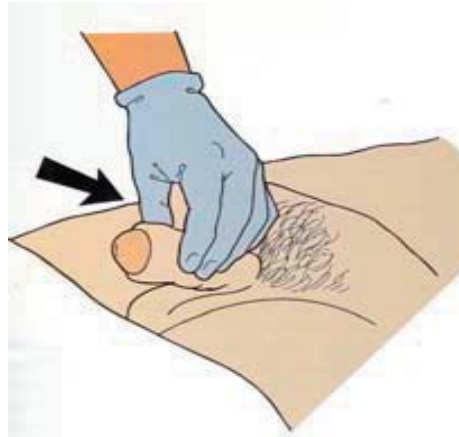
- See steps listed in the section labelled “Hand Washing After Cleaning Client’s Private Parts (Perineal) Area” (which can be found directly after the section below on “Private Parts (Perineal) Care for Males”, page 100).

CLEANING MALE CLIENT

Counselling Card



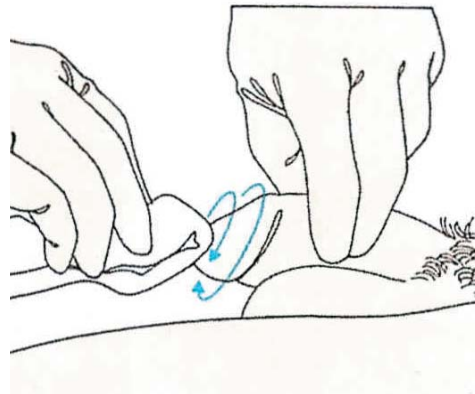
- Make mitt from clean cotton cloth
- Use different area of the damp mitt for each stroke when cleaning penis.



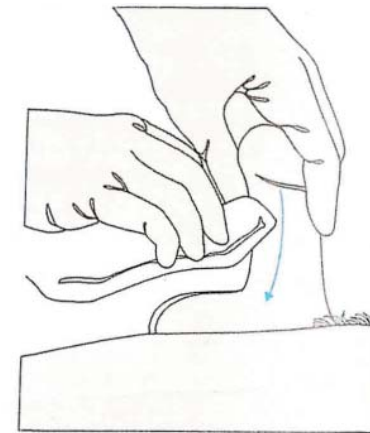
- Pull back foreskin of uncircumcised penis.



- Clean head of penis.
- Start at hole where urine comes out and sweep away from hole.



- Return foreskin to normal position.
- Clean outside of foreskin with circular motion.



- Clean shaft of penis.
- Pat dry with clean, dry cloth.

Hand Washing After Cleaning the Client's Private Parts (Perineal) Area

When you have finished cleaning your client's private parts (perineal) area:

- Safely remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.
- Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

33. Faeces Care for A Client Who Is Able to Get Out of the Bed but Cannot Walk to the Latrine or Toilet

33A. Building a Bedside Commode

Commodes (or potty chairs) can be placed next to the clients bed or over the hole in the latrine the make it easier for a client to urinate/defecate. If possible, use a chair with arms and a seat low enough to allow the person's feet to solidly touch the floor.

STEP 1	Make a wooden stool/chair, or use an existing chair which can be modified.
-------------------------	----------------------------------------------------------------------------

STEP 2	Cut an oval hole in the middle of the stool/chair that “fits” the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.
-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

STEP 3	To use commode (potty chair): <ul style="list-style-type: none">• Put a bucket beneath the hole in the stool/chair OR <ul style="list-style-type: none">• Put the stool/chair over a hole in the latrine.
-------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

MAKING A COMMODE (POTTY CHAIR)

Counselling Card

1

Make a wooden stool or chair.



2

Cut an oval hole in the middle of the stool that “fits” the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.



3

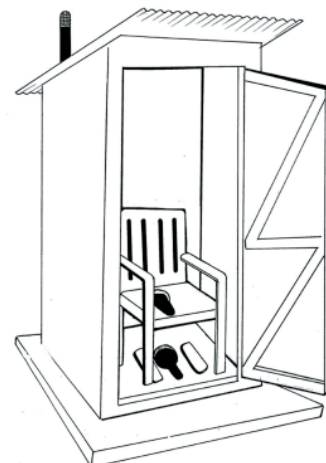
To use commode (potty chair):

- put a bucket beneath the hole in the stool/chair



OR

- put the stool/chair over the hole in the latrine.



Instructions adapted from “Making Adaptations Commode/Potty Chair,” Hospice Africa (Uganda).



USAID
FROM THE AMERICAN PEOPLE

HIP

HYGIENE IMPROVEMENT
PROJECT



THE REPUBLIC OF UGANDA
Ministry of Health



Plan
Be a part of it.

33B. Getting a Client Up From A Bed to the Bedside Commode (to Urinate and Defecate)

STEP

1

- Prepare the materials you need (chair, pillow, tissue or clean cloth for cleansing the perineum, etc). If possible, use a commode with arms and a seat low enough to allow the person's feet to solidly touch the floor. If you are going to use a bucket with the commode, put some ash in the bottom of the bucket to help prevent the faeces from sticking.
- Come to the client and communicate what you are going to do.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).

STEP

2

- Place the bedside commode at the head of the bed.
- Help the client sit up and swing his/her legs over the side of the bed, making sure his or her feet touch the floor.
- Help the client put on clothing, a cloth or a robe to maintain their privacy and dignity.
- Have the client wear low-heeled, non-slippery shoes.



STEP**3**

- Stand in front of the client who is sitting up on the bed.
- Have them place their fists on the bed by their thighs. Make sure the client's feet are flat on the floor.
- Thread your hands underneath his or her arms (between the arms and chest) and reach around to place the palm of your hands on your client's shoulder blades.
- Have the client lean forward. Brace your knees against the person's knees, and block his or her feet with your feet.
- Ask the client to push the fists into the bed and to stand on your count or signal that you agree upon with the client.
- If they are able, instruct the client to lean forward slightly, push down on the bed with his hands, straighten his/her legs and then stand up. Or, pull them up into a standing position as you straighten your knees. Or, alternatively, you could put a belt (gait belt) around the waist of the client to help you grasp the client.

STEP**4**

- Support the client in the standing position.
- Keep your hands around their shoulder blades. Or, alternatively, you could put a belt (gait belt) around the waist of the client to help you maintain your hold.
- Continue to block the client's feet and knees with your feet and knees. This helps prevent falling.

STEP**5**

- Turn the client so he or she can grasp the bedside commode. Have the client grab the armrests and lower himself into the chair, leaning slightly forward as he sits down.
- The back of the client's legs should touch the front edge of the seat of the chair.
- Continue help the person turn into a position that allows them to grasp the chair with both hands. Lower the client into the chair as you bend your hips and knees. The client should assist by leaning forward and bending the elbows and knees.
- Make sure the buttocks are on the back of the bedside commode. Have him/her slide his hips back into the chair and sit squarely.
- Cover the person's lap and legs with a cloth or blanket.

STEP**6**

- Place tissue or a clean cloth within reach of the client. Encourage the client to clean themselves with the tissue/cloth if they are able.
- Agree with the client on a signal so they can let you know when they are finished or when help is needed (e.g. calling the provider's name loudly, knocking a spoon against a pot if the client cannot call out loudly, etc.).
- Give the client privacy until the client signals for you to return.
- Return when the client signals.

STEP**7**

- When the client is finished, ensure their genital and rectal area is clean and return them back to bed by reversing the above procedure.

STEP**8**

- Cover the bucket in the bedside commode and sprinkle some ash on top of the faeces to help reduce the odour and flies.
- Immediately take the basin/bedpan to the latrine and put the faeces, blood, urine or other body fluid in the latrine. If a latrine is not available, bury the faeces and urine away from the household and deep in the ground.
- For disinfecting the bedpan, follow the Steps to Disinfect Hard Surfaces, in Unit 4, Section 20B (page 63). Ash can be placed in the commode before and after it is used to control the smell.

STEP**9****Hand Washing:**

- Safely remove your gloves, plastic sheeting or other plastic material from your hands.
- Wash your hands, as outlined in Unit 2, Section 5 (page 22).
- If the client cleaned him/herself or if their hands came in contact with faeces, blood, urine or other body fluids, ensure that the client washes their hands.
- If the client does not have hand washing materials within their reach, place water, soap (or ash) and a basin/large bowl within reach of the client.
- Ask the client to wash all surfaces of their hands with soap (or ash) and with the rubbing motion.
- Offer to rinse the client's hands with running water to wash the germs from the client's hands.
- Encourage the client to allow their hands to air dry.

34. Faeces Care for a Client Who Is Weak But Able to Go to the Latrine or Toilet

You may have clients who are weak but are able to walk to the latrine or toilet if they have some help. Assisting clients to walk to the latrine or toilet and/or helping them balance themselves while they are in the latrine or toilet is an important task for the client's HBC provider and household members. Often with just a little help, the client may feel that he/she has much more control over what is happening to him/her. The HBC providers and household caregivers may notice that, with walking, the client's ability to defecate often improves and their appetite more easily returns.

There are ways you can help your client walk to the latrine or toilet, such as:

- Carefully assess that the client is able to walk before they attempt to walk, especially if the client is beginning to walk again after spending a long time in bed.
- Clear the path to the latrine or toilet.
- Have the client wear low-heeled, non-slippery shoes.

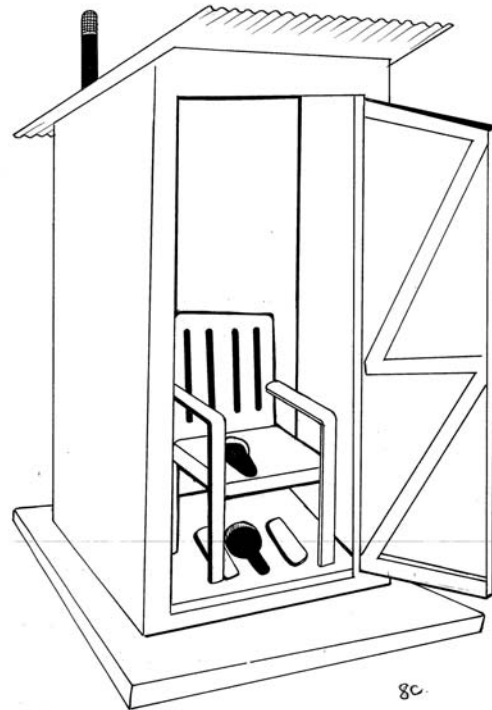
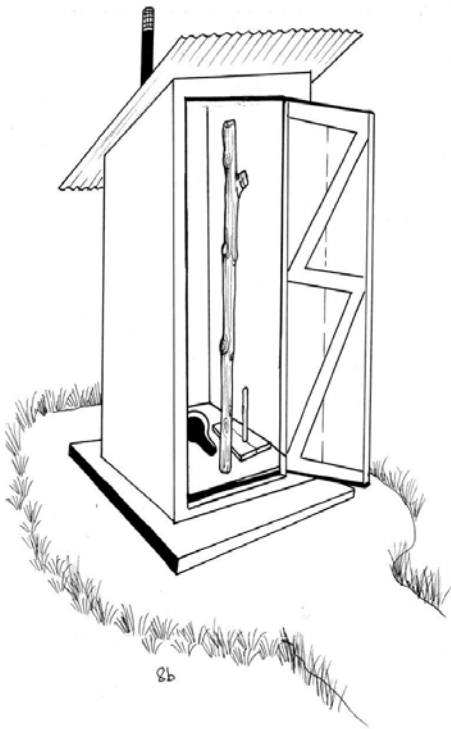
- Have the client practice shifting weight, using support to help maintain balance.
- Walk with the client as he/she begins to walk. If they are able to support their body and stand upright on their own, have him/her wear a securely fastened belt to provide something for you to grip. This helps provide stability and if he becomes faint, he can be pulled against you for support.
- If the client has one-sided weakness, walk on the weak side and slightly behind the client, using your hands to support the client.
- Help the client follow his/her normal walking gait.
- A cane, crutches, a walking stick or a walker may assist the client.



There are ways you can help your client use the latrine or toilet, such as:

- Placing either a pole, handle or rope in the latrine for the client to hold onto while squatting and standing.

- Helping the client with their balance as needed by holding them up from above as they pass faeces or urine. The provider may just need to give them an arm to lean on.
- Putting a bedside commode over the hole of the latrine or toilet.

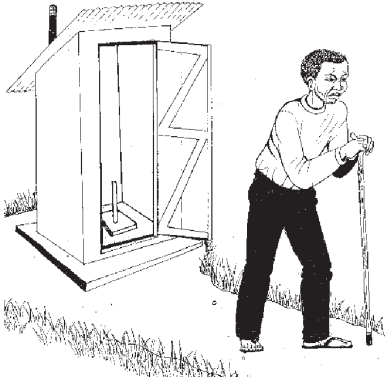


- Ensuring that the latrine is as clean as can be, because the client can pick up more germs if it isn't clean.
 - If it is not clean, use a “1 part Jik to 9 parts water” solution to wipe the door handle, pole or seat surfaces in the latrine.
 - If there is faeces on the floor push the faeces down the hole and use a “1 part Jik to 9 parts water” solution for 20 minutes on the surface of the latrine floor.
 - If it is a dirt floor, dig up the contaminated part, put it in the latrine, and back fill the hole with new dirt.

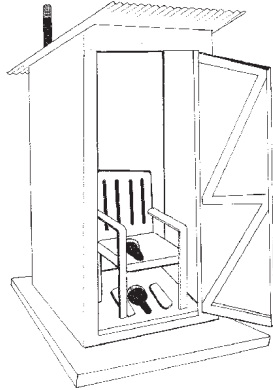
FAECES MANAGEMENT

WEAK BUT MOBILE PATIENT

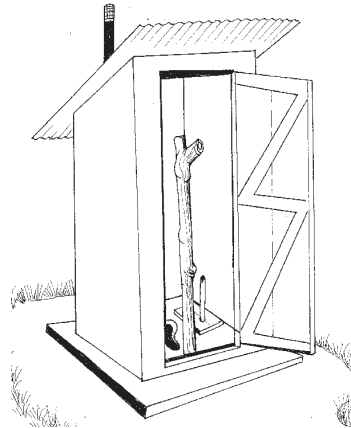
Counselling Card



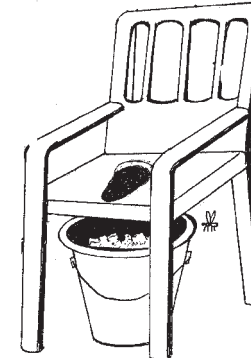
Use walking stick.



Cut hole in chair to help weak person use latrine.



Add pole (or handles on wall) to latrine to help weak person squat or stand up.

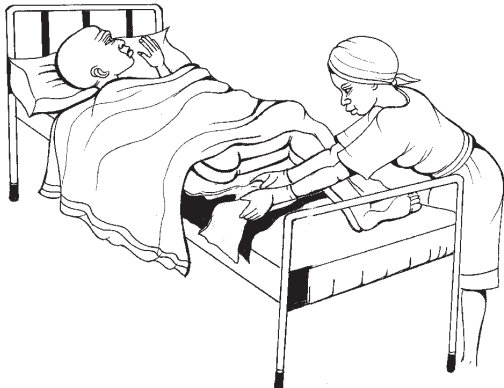


Put bucket under chair with hole in seat for indoor use.



Put hand washing supplies near where sick person defecates.

BEDRIDDEN PATIENT



Put plastic sheet (mackintosh) with a cloth on top under sick person's hips. Change cloth when soiled.



Use potty (bedpan).



Put water, soap (or ash), and clean rags next to sick person's bed.

35. Safe Handling and Disposal of Infant/Children's Faeces

ALL faeces is dangerous, including the faeces of infants and young children (0-4 years of age). Although some people may believe that infant/young child faeces are harmless, their faeces contain germs that can be easily spread to others and cause illnesses such as diarrhoea. This includes germs that can easily be picked up from changing an infant's nappie or diaper or helping a young child use a potty chair. When changing the nappies of babies or toddlers, make sure to change the nappie/diaper as soon as it has become soiled and dispose of the faeces in the latrine.

Try to create a place/space far away from the food preparation area) to change the nappie/diaper or use the potty chair to reduce the spread of harmful germs to food. It is best to pick a smooth, water-resistant surface that can be easily cleaned with soap and water after each nappie/diaper change. Use a piece of cloth or paper to cover the area where you change the infant's diaper. Dispose the cloth or paper after you changed the diaper.



Also be sure to have children wash their hands after any time they could come in contact with faeces, including after having their diapers changed (an adult should wash an infant's or small child's hands). Make sure you wash your hands with soap (or ash) after helping a child use the toilet or diapering a child and before preparing, serving or eating food, as well as after handling a soiled nappie/diaper, after you use the latrine/toilet and before you prepare food or feed the

infant/young child.

Other Tips for Safe Handling and Disposal of Faeces from a Cloth/Re-Usable Diaper Include:

- Dump any faeces from the cloth diapers in the household latrine/toilet.
- Put the soiled diapers in a covered bucket to soak in “1 part Jik to 9 parts water” solution throughout the day. Wash them at the end of each day.
- To wash the cloth diapers, follow the “Steps to Disinfect a Cloth/Bandage Soiled with Blood or Body Fluids, including Faeces”, in Unit 4, Section 20A (page 62).
- Try to use a separate area (far away from the food preparation area) for changing nappies/diapers to reduce spreading faecal germs to food.

Additional Tips for Safe Handling and Disposal of Faeces from a Disposable Nappie/Diaper Include:

- Dump any faeces from the disposable diapers in the household latrine/toilet.
- Dispose of the old diaper by wrapping tabs all the way around (folding the soiled diaper surface inward), put the disposable diaper in plastic bag, tie the ends of the bag and put it in the trash/garbage. DO NOT put it in the latrine as disposable diapers do not decompose in latrines.