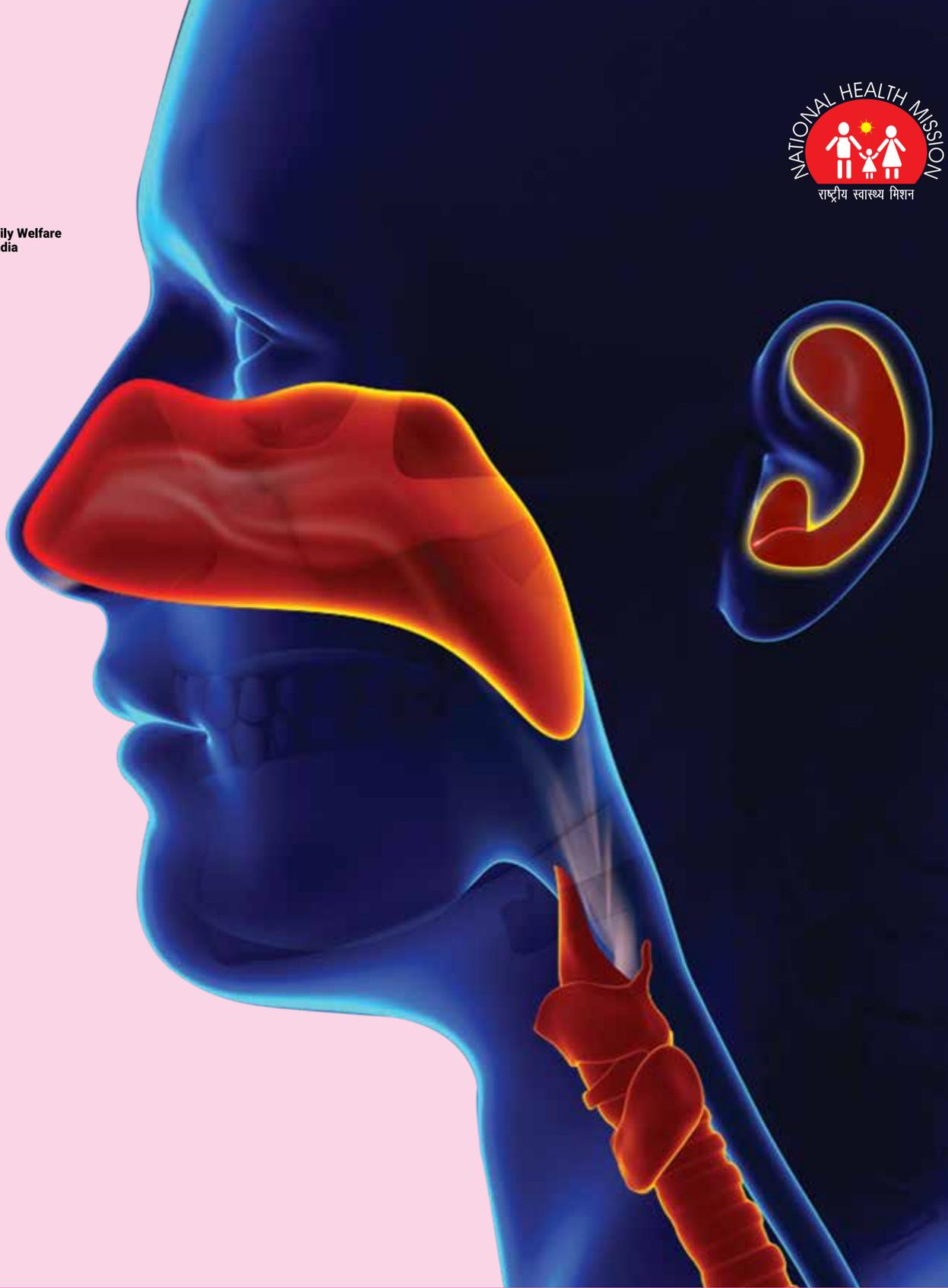




सत्यमेव जयते  
Ministry of Health & Family Welfare  
Government of India



# Training Manual on Ear, Nose and Throat (ENT) Care for ASHA at Ayushman Bharat – Health and Wellness Centres





**Training Manual on Ear, Nose and Throat (ENT) Care for ASHA**  
at Ayushman Bharat – Health and Wellness Centres

**2021**

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# 01

## CHAPTER

# INTRODUCTION

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**A**yushman Bharat Program looks at a comprehensive primary health care package of services at all levels and this approach has been initiated in the country. One of the new service areas that has been initiated in Ayushman Bharat Health and Wellness Centres is Ear, Nose and Throat care (ENT care).

ENT takes care of three senses of the body – hearing, smell, and taste. It also has one of the most important set of organs in the body that connects the external environment to the internal body, through the ear, nose and throat.

Problems associated with these organs and related areas can cause a lot of health problems and disabilities in any person. Someone who has deafness problem will have great difficulty in integrating into society. The conditions related to the nose and throat area can lead to dangerous infections and cancers.

As an ASHA, you are a very important member of the Health and Wellness Centre team and are closest to the community. Therefore, you have a significant role in helping the health team in screening, referring, monitoring, and in health promotion activities. This also applies to problems associated with the ear, nose and throat.

This module will act as a guide to help you identify various common ENT conditions, determine what to do in these situations, and how to make people aware of what they can do to prevent these conditions.

## Senses in the human body

### What are the five senses?

### What do we use them for?

Sense	Using this sense	What does this sense do?
	<p>Touch</p> 	<p>Our skin is sensitive to the touch. It helps us feel things like hot/cold, rough/smooth etc.</p>
	<p>Sight</p> 	<p>Our eyes enable us to see all the things around us. Like: people, animals, buildings, things in our home and where we work</p>
	<p>Smell</p> 	<p>Our nose enables us to smell things such as food cooking, fire burning, rain, polluted water</p>
	<p>Hearing</p> 	<p>Our ears let us hear sound around us such as a baby crying, people talking, dogs barking, a car horn, water running, music playing</p>
	<p>Taste</p> 	<p>Our tongue enables us to taste if food and drink is sweet/sour, hot/cold, cooked/uncooked etc.</p>

## Why do we need ears?

We need to take care of our ears so that we can hear many sounds and people talking... there are many sounds we hear every day... some are soft and some are loud, some high and some low pitched.

### Sound outside the home :

- rain, wind
- animal noises



### Sound that people make :

- talking
- singing
- laughing



### Sound in the roads :

- cars, lorries, busses, taxis
- horns/hooters



### Sound in the home :

- water boiling
- baby crying
- children calling



### Sound at work :

- farming
- factory
- shops, food shops
- building/construction

# 02 CHAPTER

## UNDERSTANDING THE EAR

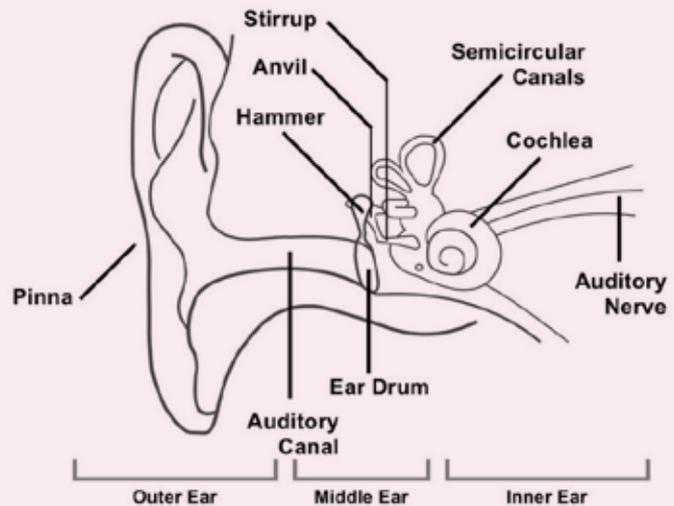
### Structure

The ear is made up of 3 parts:

**Outer ear** – earlobe and ear canal- ends with a cover called the ear drum

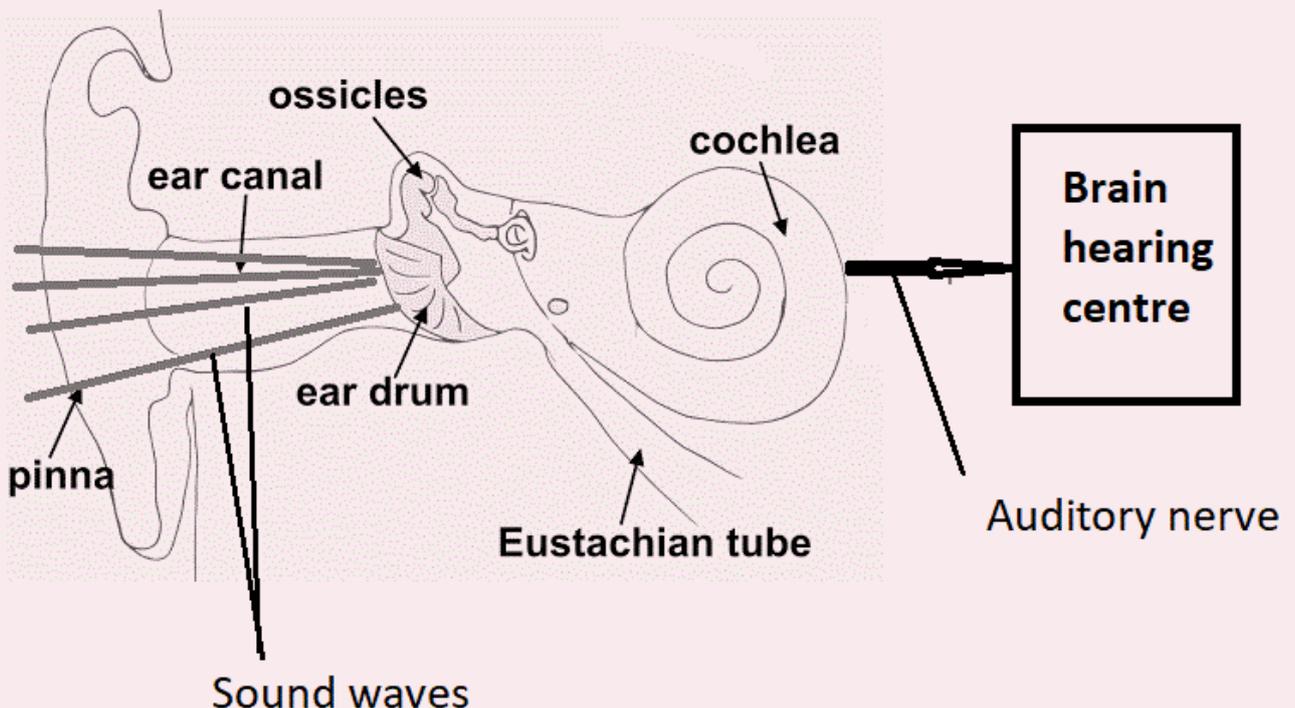
**Middle ear** – is a closed box like structure – starts from the ear drum and contains 3 small bones attached to each other.

**Inner ear** – the inside most part of the ear which has the hearing centre called the cochlea and the balance canals called the semi-circular canals..



### How does the ear function?

Sound waves enter the ear through the ear lobe and ear canal and hit the ear drum. These cause the ear drum to vibrate. The vibrations cause the small bones to carry the sound to the cochlea in the inner ear. These send a message to the brain which then resends a message explaining the sound.



# 03 CHAPTER

## COMMON EAR PROBLEMS

### 1. WAX

This is a common situation where some of the secretions in the ear canal harden after contact with dust and other outside particles and forms a soft substance called wax. Usually, there is always a little wax in the ear canal. But if it increases in amount or gets hard, it can cause reduction in hearing and a feeling of discomfort that something is in the ear canal..

What it is	Management at your level (in consultation with ANM/CHO)
Dark brown mass seen in ear canal; Decreased hearing, blocking of ear with pain in ear.	Sodium bicarbonate ear drops 2-3 drops thrice daily for 4 days. This will help to soften the wax. Tab Paracetamol for the pain as required. Once the wax is soft, it can be cleaned with the cotton wick. Do not use ear buds. If the wax does not come out, then you must refer the person to the SHC-HWC.

### 2. FURUNCLE

What it is	Management at your level (in consultation with ANM/CHO)
Small boil in ear canal; Pulling the earlobe outwards causes pain; Bursting of the boil may lead to pus discharge.	Cap Amoxicillin 500mg thrice daily for 5 days (this is an antibiotic that only a doctor can prescribe). Tab Paracetamol 500 mg thrice daily for 5 days.

### 3. FOREIGN BODY IN EAR

This condition is seen mainly in children where they put small objects into the ear. It is harmful since it might rupture the ear drum and lead to infections and problems in hearing.

What it is	Management at your level (in consultation with ANM/CHO)
History of foreign body insertion; Mild pain present; Blocking sensation in ear; Bleeding may be present if the ear canal is injured.	If foreign body is visible & obvious and can be easily removed it may be attempted in consultation with ANM/CHO. Else, refer to CHO at SHC-HWC who will refer the patient to ENT surgeon in District Hospital/ Medical College Hospital.

#### 4. OTITIS EXTERNA

This is an infection of the outer ear canal. It can be seen more often in those who swim or do not maintain good personal hygiene.

What it is	Management at your level (in consultation with ANM/CHO)
Severe pain in ear on movement of ear lobe; Redness/ swelling of ear canal with crusts; Sometimes there is discharge from ear.	Clean ear with cotton wick (not ear bud). Refer to the SHC-HWC for further diagnosis and treatment. Follow up to ensure that the person is taking treatment correctly. Avoid swimming till the ear pain is completely gone and the infection is cleared.

#### 5. ACUTE SUPPURATIVE OTITIS MEDIA

This is an infection of the middle ear where there is pus formation and swelling inside the middle ear. In many cases the ear drum also has a hole in it because of the pressure from the middle ear. Then there will be ear discharge..

What it is	Management at your level (in consultation with ANM/CHO)
Severe pain in ear and deafness; High-grade fever; When mucopurulent discharge starts from the ear, then there is relief in pain.	Keep the ear dry at all times. Do not apply drops, oil, water etc. Give a Tab. Paracetamol for pain. Refer to the SHC-HWC for further diagnosis and treatment. Follow up all cases that have been started on treatment. Check that there is no ear discharge. Explain to the patient how to keep the ear clean at all times.

#### 6. CHRONIC SUPPURATIVE OTITIS MEDIA

In this case, there is discharge from the ear which is for more than 2 weeks or 14 days. It could be watery or pus discharge. It can get complicated and then increase in amount and have a bad smell. This condition can lead to deafness if not treated.

What it is	Management at your level (in consultation with ANM/CHO)
Chronic Ear Discharge > 14 days; Watery or pus discharge from the ear; Reduced hearing; If complicated, then the discharge becomes foul smelling and the patient will complain of headache and fever.	2% boric spirit ear drops 2 drops thrice daily for 7 days after dry mopping of ear with cotton wick. Keep ear dry and avoid pond/river bath. Follow-up the treatment given by Medical Officer for associated infections of pharynx/ nose/sinuses. Refer all complicated cases immediately to the ENT Surgeon at the District Hospital.

## 7. HEARING LOSS/ REDUCED HEARING

Reduced hearing or loss of hearing (deafness) is a condition where the person is not able to hear anything or can hear only loud sounds. Hearing loss may affect persons of any age group.

Some babies are born with deafness (known as congenital deafness)

which happens when the mother is exposed to certain infections, medicines or radiation during pregnancy.

As people grow old they slowly lose their hearing, usually after 65 years of age, due to physiological ageing process and this is called presbycusis.

Sometimes children and adults may also lose their hearing completely or partially due to various causes, like an injury causing rupture of the eardrum, severe infection of the ear, tumour in the ear, sudden exposure to very loud sounds (like explosions) or prolonged exposure to loud sounds (like people working in factories with noise from heavy machinery).

Untreated hearing loss affects communication and thus may also contribute to social isolation and loss of autonomy. Not being able to hear properly is often associated with anxiety and depression. Hearing loss in children can affect their growing up, education, interaction with others and personality development. Hearing loss in old age can impair the quality of life.

It is, therefore, very important to identify the people with hearing loss in the community and refer them to the CHO at the SHC-HWC. Since most of the diagnosis and treatment requires a specialist, the CHO and team will confirm the hearing loss by detailed examination of the person and then refer him/her to the centre where there is an ENT specialist. Hearing loss is treated either by surgery or by prescription of hearing aids..

### **Your role in management of hearing loss:**

1. Fill out the assessment of 'Difficulty in hearing' in Part B of the Community Based Assessment Checklist.
2. If anybody complains of reduced hearing, inform the ANM and refer to the CHO at SHCHWC.
3. Follow up with the person after he/she returns from the referral centre. If surgery is advised, ensure that the person gets the surgery done.
4. If hearing aid has been prescribed, follow up for regular use and ask if the person is comfortable.



# 04 CHAPTER

## COMMON NOSE PROBLEMS

### 1. SIMPLE VIRAL RHINITIS

This is the most common complaint in the community. It is known as the common cold and is an infection. Almost every person has had an episode of common cold. It occurs in every person. It is very contagious and spreads through sneezing, coughing or through sharing handkerchief, etc. It usually resolves on its own in 5 to 7 days. If it happens too often, then one needs to find out the cause.

What it is	Management at your level (in consultation with ANM/CHO)
Watery nasal discharge;	Tab Paracetamol 500 mg as required.
Watering from eyes;	Steam inhalation.
Nasal stuffiness;	Tab Chlorpheniramine 4mg twice daily if there is no relief or if cold or allergy persists.
Malaise, fever and headache.	Advise rest and drinking plenty of fluids.

### 2. ALLERGIC RHINITIS

With symptoms similar to that of a cold, the cause is usually some kind of allergy – to dust, pollution or specific objects, food etc. This watering from the nose, and eyes, along with sneezing is usually more in the early morning.

What it is	Management at your level (in consultation with ANM/CHO)
Watery nasal discharge;	Tab Chlorpheniramine 4 mg twice daily for 15 days.
Frequent bouts of sneezing about 10 to 20 sneezes at a single time;	Steam inhalation.
Blockage of nose, Palatal itching;	Avoid dust and known allergens.
Watering from eyes with redness & itching.	

### 3. ATROPHIC RHINITIS

This is a more serious kind of infection and involves a pus kind of discharge from the nose which has a foul smell. In this situation, the patient must be referred to the Medical Officer in the PHC to diagnose and initiate antibiotic treatment..

What it is	Management at your level (in consultation with ANM/CHO)
Greenish crusts present in nasal cavity; Foul smell from nose and patient not aware of it; Nasal blockage, roomy nasal cavity, nasal deformity, history of maggots.	Nasal washing with sodium bicarbonate solution (1 tsp. in 250 ml. distilled water) 2 – 3 times a day which is to be continued. Refer this person to the SHC-HWC for further confirmation and treatment. If antibiotics are required, the CHO will consult the MO at the PHC.

**You can give the following advice to patients with rhinitis:**

1. Drink plenty of water and get enough rest.
2. Sniff a little salt water into the nose or breathe steam from hot water to clear the nose.
3. No special diet is needed. However, eating oranges, tomatoes, and other fruit containing vitamin C may help.
4. Do not take antibiotics if not prescribed.
5. Contrary to popular belief, colds do not come from getting cold or wet (although getting very cold, wet, or tired can make a cold worse).
6. A cold is 'caught' from others who have the infection and sneeze the virus into the air.
7. To keep from giving his cold to others, the sick person should eat and sleep separately, and take special care to stay far away from small babies. He should cover his nose and mouth when he coughs or sneezes and wash his hands often if possible.
8. Simple medicine such as Paracetamol helps lower temperature and relieves body aches and headaches. More expensive 'cold tablets' are not recommended.
9. Wipe a runny or stuffy nose, but try not to blow it. Blowing the nose may lead to earache and sinus infections..



**4. SINUSITIS**

There are big spaces called sinuses behind the forehead above the eyebrows and on both sides of the nose. These spaces are usually filled with air and are useful to provide air and resonance to sounds. When the lining of these spaces gets affected, usually because of infection, then it causes fluid to fill up the sinuses. This can turn into pus and become a painful condition.

What it is	Management at your level (in consultation with ANM/CHO)
Headache, blocked nose, purulent nasal discharge; Pain over the sinus area – forehead above the eyebrows, or on either side of the nose.	Steam inhalation 2-3 times a day. Refer to the SHC-HWC for confirmation and treatment by the CHO. If the person requires antibiotics, the CHO will consult the MO at the PHC and initiate.

## 5. EPISTAXIS (NOSE BLEED)

Epistaxis, or bleeding from the nose, is a common complaint, especially during summer. In majority of cases, nosebleeds are self-limiting and spontaneous, but it may be of significant concern if it occurs repeatedly, there is heavy bleeding or if it occurs in children. It usually occurs as a result of injury by fingernails, due to cold weather or in rhinitis. Sometimes it occurs in people who have other diseases like high blood pressure, or in case of tumours inside the nose. Epistaxis may also be a result of trauma to the nose..

What it is	Management at your level (in consultation with ANM/CHO)
Bleeding from the nose; Pain if there is injury	Immediate relief can be obtained by tilting the head forward and pinching the nostrils together for 10 minutes. If it continues bleeding, pinch nostrils together for 10 more minutes. If no relief then inform ANM and refer to CHO at SHC-HWC.  In adults/elderly persons, the blood pressure also needs to be measured and if high then medicines need to be given in consultation with MO at PHC (ANM/ CHO will do this).  If the bleeding is severe or the person is gasping/choking in blood, or is unconscious, inform CHO and ANM and call an ambulance for urgent referral.

## 6. FOREIGN BODY IN THE NOSE

Sometimes some foreign object may enter the nose either accidentally, or children may insert objects into their nose. This is very dangerous since it can result in difficulty in breathing and may even be aspirated into the airway.

What it is	Management at your level (in consultation with ANM/CHO)
History of foreign body insertion; Pain in nose, headache; Breathlessness; Blocking sensation in nose; Bleeding may be present if the nostril is injured.	If foreign body is visible and obvious and can be easily removed it may be attempted in consultation with ANM/CHO.  Else refer to CHO at SHC-HWC who will refer the patient to ENT surgeon in District Hospital/Medical College Hospital.

# 05 CHAPTER

## COMMON THROAT PROBLEMS

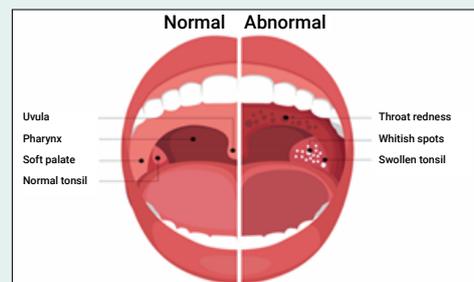
### 1. APHTHOUS ULCERS

This is a very painful condition when one can see some small reddish patch wounds in the cheek or on the tongue. Because of its situation, it causes a lot of pain and difficulty in swallowing and eating. The ulcers usually heal on their own in 5-7 days.

Signs and Symptoms	Management at your level (in consultation with ANM/CHO)
Painful ulcers in oral cavity 	Advise people to avoid chewing beetle nut/tobacco/lime. Reassure that it usually disappears after a few days and no treatment is needed. Can tell the person to use Chlorhexidine mouth wash 2-3 times a day and Tab vitamin B complex 1 tab once daily for a week. Refer to the SHC- HWC for further management if the pain does not go away after a couple of days..

### 2. ACUTE TONSILLITIS/ACUTE PHARYNGITIS

Acute tonsillitis is very often seen in children. The tonsil glands in the back of the throat get enlarged and painful and the patient finds it difficult to swallow. Acute pharyngitis is seen both in children and adults. Both are caused by infections with bacteria or virus germs.



Signs and Symptoms	Management at your level (in consultation with ANM/CHO)
Pain in throat; Pyrexia, difficulty in swallowing;  Inflamed and swollen tonsils may be with pus points.	Ask the person to do hot salt water gargles 2-3 times a day. Also use Chlorhexidine mouth wash 2-3 times a day. Tab Paracetamol 1 tab can be given SOS. Advise to drink plenty of fluids. Refer to the SHC-HWC for the CHO to make a diagnosis and decide if antibiotics have to be started. Sometimes children with repeated or severe tonsillitis require surgery.

### 3. ACUTE EPIGLOTTITIS

This is a dangerous condition/ infection seen in small children. The symptoms start suddenly and the child gets very sick and has difficulty in breathing.

Signs and Symptoms	Management should be at PHC level
Severe pain in throat; Fever; Difficulty in swallowing; Difficulty in breathing or noisy breathing; Muffled thick voice.	Inform ANM and CHO immediately and help CHO with referral urgently to the district hospital. Call for an ambulance and urgently shift.  Sponge the child for fever and given syp. Paracetamol 1 TSF 3 times a day.  The child might need oxygen so do not delay shifting the child.

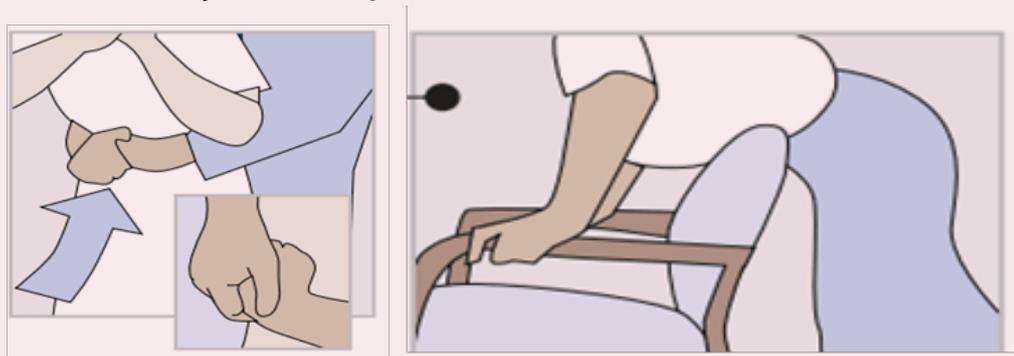
### 4. FOREIGN BODY IN THE AIR PASSAGE

A child or adult may swallow something which gets stuck in the back of the throat or the beginning of the air passage. This could be a food item like a bone or a foreign object. This can be an emergency so you must know how to give first aid before referring the person to the SHCHWC.

Signs and Symptoms	Management should be at PHC level
Sudden choking; Difficulty in breathing; Cough with blood in the sputum if it is in the air passage.	Inform ANM and CHO immediately and help CHO with referral urgently to the district hospital. Call for an ambulance and shift urgently.  Ask the person to cough out if it is only in the back of the throat – sometimes the foreign body comes out.  Do the Heimlich manoeuvre if the person is choking. See steps below.

### HEIMLICH MANOEUVRE

1. Stand behind the victim, wrap you arms around his or her waist
2. Clasp you hands together in a double fist place the fist-thumb side in-just below the victim's rib cage and above the navel
3. Press into the victim's abdomen (not the rib cage) with a quick, upward thrust
4. Repeat thrusts until object is dislodged.



# 06 CHAPTER

## HEALTH PROMOTION AND PREVENTION OF ENT PROBLEMS

**M**ost conditions of the ear, nose and throat are preventable. It is important to create awareness among the community members regarding harmful practices which can lead to diseases of the ear, nose and throat. Here are some common risk factors of these diseases:

### **Risk factors for diseases of the ear:**

1. Cleaning ear canal with sharp objects like hairpins, toothpicks, etc.
2. Applying oil or any liquid inside the ear.
3. Applying unprescribed medication inside the ear.
4. Using dirty cloth or towel to clean ears.
5. Swimming in dirty water.
6. Leaving cotton wool or other material inside the ear for prolonged period.
7. Getting exposed to very loud noise for prolonged period or regularly.
8. Untreated infection of the ear for a prolonged period.
9. Injury to the ear leading to rupture of eardrum.

### **Risk factors for diseases of the nose:**

1. Inserting sharp objects inside nasal cavity for cleaning.
2. Using dirty cloth or towel to clean the nose.
3. Picking of nose.
4. Injury to the nose might make one predisposed to infections.

### **Risk factors for diseases of throat:**

1. Exposure to cold climate.
2. Exposure to allergens like pollen, cotton dust, wood shavings, etc.
3. Chewing tobacco/paan/gutka, smoking.

You must advise people in the community to maintain hygiene of the ear, nose and throat. Here are some messages that you can give in the community.

## HOW TO MAINTAIN EAR HYGIENE

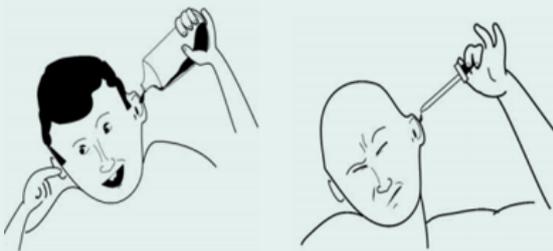


### Personal Hygiene

DO NOT put dirty fingers in ears, wash hands before working with food and do not eat with dirty hand ALWAYS wash your hands after going the toilet



DO NOT swim or wash in dirty water



DO NOT put anything in your ears:

- hot or cold oil
- herbal remedies
- liquids such as kerosene



NOTE : Teach children NOT to put anything in their ears - seeds, beads, stones, sticks.

NOTE:

- ONLY use medicine given by the nurse or doctor at the clinic/hospital and take the correct dosage.
- If the ears are painful or have pus running out of them, send the person to the clinic or hospital. This means the ears are infected and need to be treated by the nurse or other health worker or a doctor.

## HOW TO MAINTAIN NASAL HYGIENE

### General points for advice during community visit:

1. Always use handkerchief/clean cloth for cleaning nasal secretion.
2. Cover your mouth and nose with a tissue when you cough or sneeze, remember to wash your hands with soap and water after coughing or sneezing.
3. Maintain a little distance (one arm distance) while sneezing, cleaning nose in public or around people.
4. Never put fingers in your nostril, it might cause bleeding from nose (epistaxis), as nose is a very vascular organ.
5. Always consult doctor during the time of illness, it may rapidly infect other family members and might be serious for small children.
6. Avoid steam inhalation whenever there is history of nose bleeding

### STEAM INHALATION



Steam inhalation is beneficial and one of the common home remedies used in our country. But there is some caution to be taken:

1. Never leave children alone for it, they might get burns.
2. Never come too close to hot water bowl.
3. Take vapours both from nose and mouth.

# HOW TO MAINTAIN THROAT HYGIENE



**M**any people complain that they have an irritation in the throat. It feels like something is scratching the throat. Cough is rare and dry. They don't have pain, but their voice can get hoarse..

There are many causes of irritation – it can be due to bacteria or viral germs. It could also be because of allergies to dust. Many a times, it is due to gastric acidity which causes reflux into the throat.

## **How to reduce irritation that triggers coughing:**

**1. Drink lots of fluids:** The most important thing you can do is to drink plenty of water to reduce dryness of your throat. Drink at least 1 and a half litres of water each day, that is about 6-8 glasses of water. Avoid tea, coffee or soft drinks as they usually contain caffeine..

## **2. Breathing:**

- a. Sit and stand with good posture – that is, neck and back straight and your chin gently tucked in. This opens your airway, makes breathing easier and allows you to relax the throat.
- b. Breathe through your nose. Mouth breathing dries your throat. Breathing through your nose cleans, warms and moistens the air before it reaches your throat and vocal cords..

## **3. Talking:**

- a. Limit harmful voice use, such as shouting, grunting, or screaming.

Talking, laughing or singing too loudly can also damage your vocal cords.

- b. Try not to speak over other noise such as television or music or around machinery.
- c. Do not whisper, as whispering increases air pressure in your vocal cords and may irritate your throat.
- d. Use your natural voice, not too high, not too low or not too loud.
- e. Limit coughing and clearing your throat. Sometimes coughing can be excessive and clearing the throat can become a habit. When you cough and clear your throat it puts too much force on your throat and vocal cords..

## **4. Everyday**

- a. Avoid chewing tobacco/paan/gutka, and smoking cigarette/bidi, etc
- b. Limit intake of caffeine containing drinks as caffeine can increase dryness and irritation in the throat.
- c. Do not smoke, avoid smoky environment, and do not drink alcohol. It also increases the likelihood of heartburn, which can also damage the throat and vocal cords.
- d. Do not use mouthwash that contains alcohol as this will dry your throat.
- e. Remember to drink plenty of water every day.

## RAISING AWARENESS IN COMMUNITY REGARDING DEAFNESS



People with hearing loss are often left out in the community. It is necessary to make the community aware of how to help people with hearing loss. You must encourage them to take the person with hearing loss to have their ears examined and tested.

Public awareness campaigns could create a better understanding of hearing loss and the disability that it causes:

- Local clinics could display posters/pictures about hearing loss and ear care to raise awareness amongst the patients.
- Communities should be encouraged to have a 'Healthy Ear Day' to raise awareness in the community.
- Visit schools and talk to teachers and learners about hearing loss, and its causes and effects. They should encourage activities such as designing posters to raise awareness and playing "What can you hear?" games to find out if any of the children may have a hearing loss.
- Tell teachers about hearing loss and encourage them to include this in their teaching programme.
- Explain to teachers what to look for in children with hearing loss and refer the children with possible hearing loss for treatment.
- Encourage people with hearing loss to have their ears checked and their hearing tested.
- Raise awareness in the community by speaking to social, religious and other groups about hearing loss.
- Encourage parents and teachers to use sign language with deaf and hard of hearing children
- Encourage the inclusion of hearing-impaired people in the workplace, in education and in society.
- Encourage and support hearing impaired people to form support groups for themselves and their families.

# 07 CHAPTER

## SERVICE DELIVERY FRAMEWORK: PROVIDING ENT CARE AS A TEAM AND KEY TASKS OF ASHA

In earlier chapters, you have learnt about your specific role related to several disease conditions of the ear, nose and throat. In this chapter, you will learn what tasks are expected of you in primary ENT care services. You will now learn about services available at referral facilities and role of different service providers. You will find that many points that have been highlighted are repeated here, but this will help you to understand and plan your day-to-day work.

### **Service delivery framework for providing care for ENT related disorders**

As you know, provision of health care services to the community is a teamwork. You would need to know about the roles of other team members – ANM/MPW, CHO, PHC team and service providers at secondary care facility in order to provide right information to the community members.

### **What are the roles of other members of Primary Health Care team at SHC-HWC?**

**1. MPW :** They will have a role in outreach as well as in SHC/SHC-HWC based activities. They will provide you with support and monitor all your activities along with the ASHA facilitator. Support you in completion of CBAC forms either through joint visits or providing clarifications regarding the checklist. If you have recognized any hearing loss/ reduced hearing in an individual through CBAC, you will refer them to SHC-HWC for further screening and referral for deafness. MPW/ANM will provide support to CHO for effectively carrying out all the activities related to ENT care. Along with the ASHA Facilitator, she will help in providing community-based rehabilitation, social acceptance and vocational training and inclusive education for hearing-impaired patients.

**2. Community Health Officer:** The Primary Health Care team will be led by a Community Health Officer (CHO) at SHC-HWC. The key role of CHO is maintenance of register for hearing-impaired, compilation and validation of data collected by ASHA, conduct monthly meeting with ASHAs/AF/ANM/MPW, screening of target population for common ENT conditions including deafness, health promotion with special focus on ENT care, refer cases of hearing impairment to the specialist ENT surgeon in consultation with PHC-MO, providing counselling and support for hearing aid users, dispensing the medications prescribed by PHC-MO or specialist, referral of cases as appropriate and providing follow up care in coordination with you (ASHAs) and MPWs/ANM.

**3. PHC-MO:** CHO at SHC-HWC will refer the individuals with any signs and symptoms of loss of hearing and other complicated cases of ENT to Medical Officer at PHC for diagnosis. PHC-MO will confirm the diagnosis and provide treatment of common ENT conditions/infections, primary care for trauma, referral of cases with hearing impairment ENT surgeon for further assessment and confirmation, disability certification, outreach activities (planning, monitor wellness clinics/ community workers and co-ordination with district hospitals).

The specialists at higher health facilities would prescribe a treatment, which would be continued at SHC level. The patient would need to visit the specialist or MO as per the instructions provided.

#### **4. Key roles and responsibilities of ASHA**

In order to provide community level care, you will continue to use Home Visits, Village Health Sanitation and Nutrition Day (VHSND), Urban Health Sanitation and Nutrition Day (UHSND), meetings of Village Health Sanitation and Nutrition Committee (VHSNC), Mahila Arogya Samiti (MAS) and health promotion campaigns. Using these platforms, you will undertake activities of health promotion related to care of ear, nose and throat, early identification and referral and ensuring treatment adherence. Also, as an ASHA, you are a key link between health care services and the community who will coordinate between stakeholders to ensure service delivery. You will be supported by ASHA Facilitator and members of the primary health care team like MPW/ANM and CHO in undertaking the activities listed below to be provided at community level.

#### **Key roles and responsibilities of ASHAs in ENT Care**

1. To identify people with hearing impairment in the village area and prepare a line list of all those with hearing loss or reduced hearing including children and adults living in your service area.
2. Screening for hearing impairment in the community and undertake the exercise of filling Community Based Assessment Checklist (CBAC) for all individuals aged 30 years and above.
3. Mobilise individuals found at risk (complaint of reduced hearing) for further screening at SHC-HWC by the CHO/MPW/ANM.
4. Mobilise the mother/caregivers of all children (including preterm and low birth weight children) and adolescents for screening for hearing examination at school and Anganwadi levels through RBSK (0-18 years of age).
5. Create awareness in the communities regarding maintenance of personal hygiene and environmental and lifestyle modifications, including maintaining ear and nose hygiene and avoiding use of any form of tobacco.
6. Create awareness on protection against excessive noise, safe listening and improving the acoustic environment.
7. Educate communities about prevention and treatment of common diseases and infections of the ear, nose and throat.
8. Monitor and encourage patients with infections and other conditions of the ear, nose and throat to complete their treatment and coordinate with the Health and Wellness Centre.
9. Assist in organising community outreach activities such as hearing camps through HWC. Provide support in mobilising community members for attending screening camps organised in the community.
10. Utilise community-based platforms like VHSNC/MAS, VHSND/UHSND and other community level meetings for health talk fixed for care of ear, nose and throat; impart information about healthy habits of the ear, nose and throat.

11. Identify individuals in community for common conditions such as allergic rhinitis, sinusitis, pharyngitis, infections of the ear or foreign body in the ear, nose or throat and refer identified cases to the SHC-HWC for a proper check up by CHO/MPW/ANM.
12. Ensure follow-up of patients requiring long term medication and post-operative patients through home visits.
13. Offering support services to hearing aid users e.g. day-to-day care such as change of batteries,
14. Do's & Don't while handling the aid, etc.
15. 14. Rehabilitation by counselling people about role of family in supporting hearing impaired and
16. deaf individual..

List of services to be provided at Community level

<b>Community Level</b>		
<b>Services</b>	<b>Preventive and Curative care activities</b>	<b>Responsibilities</b>
Communitybased services for ENT care and Counselling and support for care seeking for disorders of ear, nose and throat	<ul style="list-style-type: none"> <li>▪ Awareness generation on common disorders of the ear, nose and throat and the need for early care seeking through VHSNC/MAS, VHSND/UHSND and other community level meetings.</li> <li>▪ Providing Information about availability of services related ear, nose and throat disorders at different levels of healthcare.</li> <li>▪ Identification/mobilisation of patient with disease of the ear, nose and throat to attend the SHC-HWC.</li> <li>▪ Follow-up of patients to ensure compliance to treatment.</li> </ul>	ASHA with support/ guidance of the ASHA Facilitator (AF)
Screening for hearing impairment	<ul style="list-style-type: none"> <li>▪ By ASHA: Screening for hearing impairment and Presbycusis while filling Community Based Assessment Checklist for all individuals above 30 years of age.</li> <li>▪ Follow up of hearing-impaired patients who have been prescribed hearing aid.</li> <li>▪ Under the RBSK, all children are screened for hearing examination at school and Anganwadi levels.</li> <li>▪ To inform people with deafness about financial schemes and benefits for their uptake, if found to be eligible.</li> <li>▪ Record keeping: maintaining a list of individuals with hearing impairment in the community.</li> <li>▪ Undertake rehabilitation and counselling of hearing-impaired individuals.</li> </ul>	Primary Health Care team (in coordination with RBSK team, where needed)

Community screening for congenital disorders referral	<ul style="list-style-type: none"> <li>▪ Encourage hearing examination for all children within 30 days of their birth through RBSK.</li> </ul>	Facilitated by ASHA/AF
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The ASHA facilitator and MPW/ANM will support you in household visits, conducting community health promotion activities, and follow up, particularly among those who have challenges/issues in accessing care and those who are not regular with the treatment. The overall guidance and support to you will be provided by the CHO. They will help you in the following:

1. Undertaking activities for ENT care promotion in the community. Also, help in creating awareness regarding maintenance of personal hygiene and environmental cleanliness and lifestyle modifications using community-based platforms.
2. Completing screening using the Community Based Assessment Checklist (CBAC).
3. Recognising signs and symptoms of disorders of ear, nose and throat during home visits and interaction with community members.
4. Providing awareness generation for maintaining good hygiene habits of the ear, nose and throat, prevention of diseases of ear, nose and throat, care seeking for diseases and mobilising patients to the HWC, referral and follow-up for complicated cases.
5. Providing advice and support the family of individuals with hearing impairment.
6. Undertaking joint home visits for treatment compliance and encouraging the individual for regular follow up visits to health care facility (SHC or PHC/higher health facilities).

**Where Referral is must:**

Refer immediately to ENT Surgeon District Hospital/Medical College Hospital (CHO will make the referral, you along with ANM/MPW will facilitate referral)

- History of foreign body ingestion/inhalation followed by respiratory distress/dysphagia/vomiting.
- History of foreign body in ear or nose.
- Ear discharge with fever/giddiness/headache/vomiting/blurring of vision/loss of consciousness
- Watery discharge from nose following trauma which increases on bending down or coughing.
- Inability to open mouth.
- Severe trauma to ear or nose resulting in uncontrolled bleeding.
- Severe nose bleeding with headache.

## ANNEXURE 1

### COMMUNITY BASED ASSESSMENT CHECKLIST FORM COMMUNITY BASED ASSESSMENT CHECKLIST (CBAC)

revised draft 6 October 2020 V.5

Date: DD/MM/YYYY

General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - specify details):
Address:	
Does this person have any of the following: visible defect /known disability/Bed ridden/ require support for Activities of Daily Living	If yes, Please specify

Part A: Risk Assessment				
Question	Range	Circle Any	Write Score	
1. What is your age? (in complete years)	0 – 29 years	0		
	30 – 39 years	1		
	40 – 49 years	2		
	50 – 59 years	3		
	≥ 60 years	4		
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never	0		
	Used to consume in the past/ Sometimes now	1		
	Daily	2		
3. Do you consume alcohol daily	No	0		
	Yes	1		
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less		0
	81-90 cm	91-100 cm		1
	More than 90 cm	More than 100 cm	2	

5. Do you undertake any physical activities for minimum of 150 minutes in a week? (Daily minimum 30 minutes per day – Five days a week)	At least 150 minutes in a week	0	
	Less than 150 minutes in a week	1	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0	
	Yes	2	

### Total Score

Every individual needs to be screened irrespective of their scores.  
A score above 4 indicates that the person may be at higher risk of NCDs and needs to be prioritised for attending the weekly screening day

### Part B: Early Detection: Ask if Patient has any of these Symptoms

B1: Women and Men	Y/N		Y/N
Shortness of breath (difficulty in breathing)		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discolored lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	

Difficulty in hearing		Weakness in feet that causes difficulty in walking	
B2: Women only	Y/N		Y/N
Lump in the breast		Bleeding after menopause	
Blood-stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul-smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific (60 years and above)	Y/N		Y/N
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
In case an individual answers 'Yes' to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available			
*If the response is Yes - action suggested: Sputum sample collection and transport to nearest TB testing centre			
** If the answer is yes, tracing of all family members to be done by ANM/MPW			

### Part C: Risk factors for COPD

Circle all that Apply

Type of Fuel used for cooking – Firewood/Crop Residue/Cow dung cake/Coal/Kerosene/LPG

Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.

### Part D: PHQ 2

Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/MO (PHC/UPHC)					

## ANNEXURE 2

### SKILLS REQUIRED IN PROVIDING BASIC ENT CARE

#### **How to use nasal drops:**

- Ask the patient to blow nose gently.
- Wash the hands thoroughly with soap and water.
- Check if the dropper tip is not chipped or cracked.
- Avoid touching the dropper tip against the nasal mucosa.
- Tilt patient's head as far back as possible or make the patient lie down on the back on a flat surface (such as a bed) and hang the head over the edge.
- Put the correct number of drops into the nose.
- Bend head backwards by putting a pillow under the shoulders.
- Remain in this position for a few minutes.
- Clean the dropper tip with warm water. Cap the bottle right away.
- Wash your hands to remove any medication.

#### **How to use ear drops:**

- Make the patient lie down or tilt the head with the affected ear facing upwards.
- Open the ear canal by gently pulling the ear upwards and backwards. This straightens the ear canal.
- Clear any visible superficial discharge.
- Hold the dropper of the medicine upside down over the ear and put the recommended number of drops into the ear.
- Avoid touching the dropper tip inside the ear, as it may get contaminated.
- After use, wipe the tip with a clean tissue. Do not wash with water or soap.
- Advise the patient to stay in the position for at least 15 minutes. A small piece of cotton may be used to plug the ear.

#### **Dry Mopping of ear:**

- Only clean their ears with a dry mop when the ear is discharging.
- When the ear is dry it must not be cleaned with a dry mop.
- A dry mop is not the same as a 'cotton bud'.
- 'Cotton buds' must never be used to clean ear canals as they are too big and the cotton wool is wound onto the stick too tightly.



### How to make a dry mop:

- Wash your hands with soap and water and dry them.
- Pull off a small piece of cotton wool.
- Gently pull it out into an oval shape.
- Put the tip of the stick into the centre of the cotton wool.
- Twist the stick round and round with one hand whilst holding half of the cotton wool tightly against the stick with the thumb and index finger of your other hand.
- Half of the cotton wool should extend from the end of the stick and form a fluffy, soft tip.
- The rolled-up piece of cotton wool should be long enough so that when the soft tip is deep in the ear canal and next to the eardrum there is still some cotton wool sticking out of the ear canal.
- This is so that you can hold onto the cotton wool and ensure that the cotton wool comes out of the ear canal.
- After completing dry mopping, wash your hands again

### How to make a wick:

- Make a wick by rolling the cloth or the tissue paper into a pointed shape.
- Gently pull the ear away upwards and outwards. This helps straighten the ear canal.
- Place the wick into the ear canal. It will absorb any discharge or blood in the ear canal.
- Leave it in place until it is wet.
- Remove the wet wick and inspect it. Is there pus on the wick?
- Replace with a clean wick.
- Repeat until the wick stays dry.

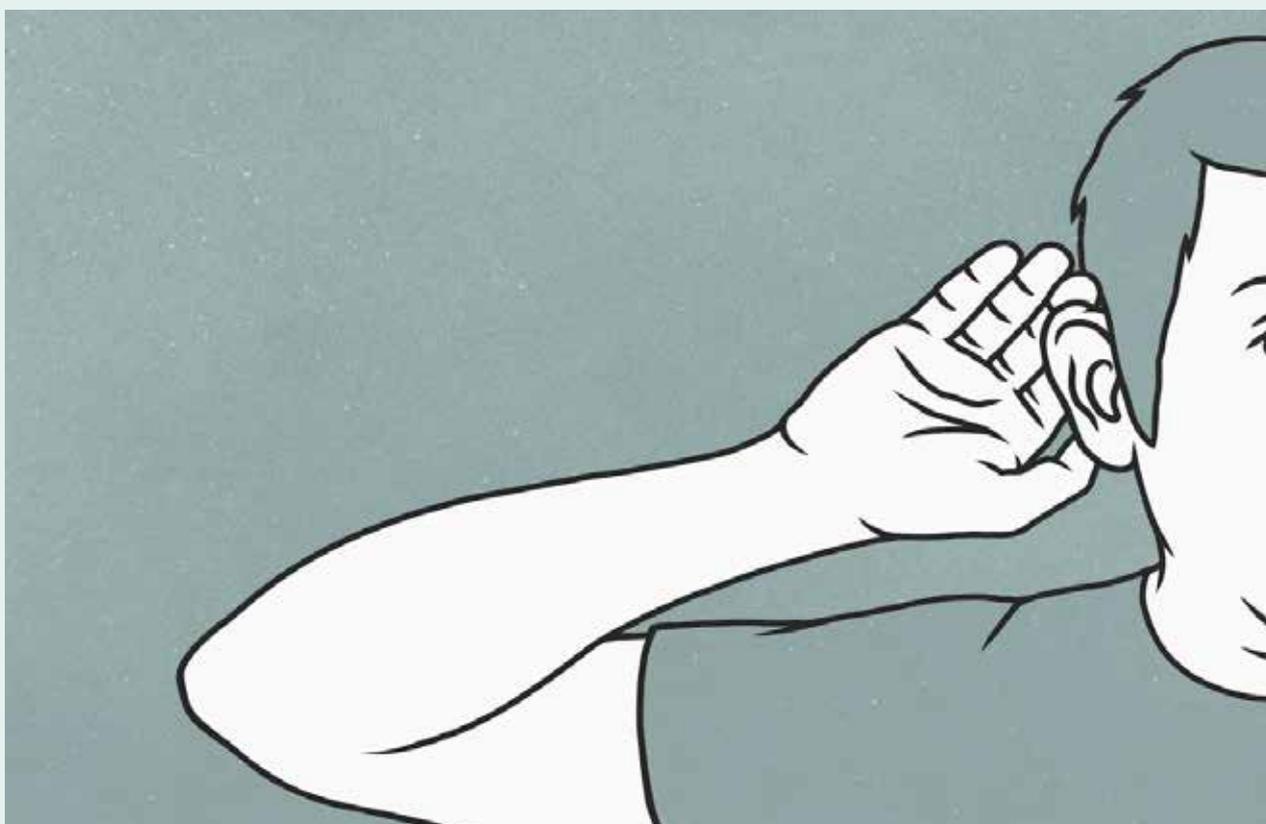


## ANNEXURE 3

### HOW TO COMMUNICATE WITH PEOPLE WITH REDUCED HEARING/HEARING LOSS

Some ways people can help the children or adults who can't hear well are:

1. Let the person see your face when you speak to them.
2. Make sure there is good light for the person to see your face.
3. Get the person's attention before you speak to them.
4. Try to make sure there are no distractions – especially loud noises.
5. Speak clearly and slowly.
6. Don't shout and make exaggerated movements.
7. Repeat (say again and again) things many times slowly.
8. Use gestures, drawings, pictures – point at things.
9. Do not over protect the person – they should be encouraged to mix with other people.
10. Point to your lips so that they learn to watch how the words are formed – this encourages lipreading.
11. Stand close to the person when you speak.
12. If the person has a hearing aid he/she should learn how to use it.



## LIST OF CONTRIBUTORS

Dr. Kanwar Sen	Addl. DG, Dte. GHS, MoHFW
Dr. Sudhir Gupta	Sr. CMO, Dte. GHS, MoHFW
Dr. Sunny Swarnkar	DADG, Dte. GHS, MoHFW
Maj. Gen. (Prof.) Atul Kotwal	Executive Director, National Health Systems Resource Centre (NHSRC), New Delhi
Dr. (Flt Lt) M A Balasubramanya	Advisor, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Maya Mascarenhas	External Consultant, National Health Systems Resource Centre (NHSRC), New Delhi
Dr. Vineet Kumar Pathak	Senior Resident, Department of Community and Family Medicine, All India Institute of Medical Sciences, Raipur
Dr. Neha Dumka	Lead Consultant, Knowledge Management Division, National Health Systems Resource Centre (NHSRC)
Dr. Suman Bhardwaj	Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Anantha Kumar SR	Senior Consultant, Community, Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr Neha Singhal	Senior Consultant, Community, Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Shalini Singh	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Har Ashish Jindal	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Rupsa Banerjee	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr Anusha Sharma	Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Amit Dhage	External Consultant, Community Processes and Comprehensive Primary, Health Care, National Health Systems Resource Centre (NHSRC)
Dr Vijaya Shekhar Salkar	Junior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)





## Namaste!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:

-  <https://instagram.com/ayushmanhwcs>
-  <https://twitter.com/AyushmanHWCs>
-  <https://www.facebook.com/AyushmanHWCs>
-  [https://www.youtube.com/c/NHSRC\\_MoHFW](https://www.youtube.com/c/NHSRC_MoHFW)



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