



HDPTC-GABP INITIATIVES

Heart Disease Prevention & Training Center

GLOBAL INFECTIOUS DISEASE CONTROL MODULE

Training Manual & Field Policy – All Settings – Global Deployment

Issuing Organization	Heart Disease Prevention and Training Center (HDPTC)
Target Audience	HHAs, Community Health Workers, Kiosk Operators, Clinic Staff
Applicable Settings	Community Kiosks • Mobile Outreach • Clinics / Health Centers
Module Type	Field Training Manual & Operational Policy
Version	1.0 – 2025 / 2026 Edition
Coverage	5 Infectious Disease Areas – Global Deployment

MODULE 1: GENERAL INFECTION CONTROL — PPE, HAND HYGIENE & SHARPS SAFETY

1.1 Purpose

This module establishes the foundational infection control practices required at all HDPTC settings. All HHAs, CHWs, kiosk operators, and clinic staff must master and apply these principles before engaging in any community health activity.

1.2 Standard Precautions

Standard precautions apply to every patient, every time — regardless of diagnosis or perceived risk. Treat all blood, body fluids, and mucous membranes as potentially infectious.

Personal Protective Equipment (PPE) — Required Use

PPE Item	When to Use	Standard
Disposable Gloves	Any patient contact; blood/body fluid exposure	One pair per patient; change immediately if torn
Surgical / Procedure Mask	Respiratory screening; suspected respiratory illness	Cover nose and mouth fully; discard after each patient encounter
Eye Protection / Face Shield	Risk of splash (blood, fluid)	Required when aerosol or splash is likely
Gown / Apron	Mobile outreach; messy procedures	HDPTC-issued apron for identification AND protection
Closed-Toe Footwear	All field and clinic settings	Protects against dropped sharps and spills

Hand Hygiene Protocol

Hand hygiene is the single most effective infection control measure. Follow the WHO 5-Moments framework:

- BEFORE touching a patient
- BEFORE any clean or aseptic procedure
- AFTER body fluid exposure risk
- AFTER touching a patient
- AFTER touching patient surroundings

Method: Use soap and water for visibly soiled hands (minimum 40 seconds). Use alcohol-based hand rub (ABHR ≥60% alcohol) when hands are not visibly soiled (minimum 20 seconds).

Sharps Safety

- ✓ Use single-use sharps only — never reuse lancets, needles, or blades
- ✓ Never recap, bend, or break used sharps by hand
- ✓ Immediately dispose of all sharps into a labeled, puncture-resistant sharps container
- ✓ Seal and replace sharps container when three-quarters full
- ✓ Store sealed sharps containers safely until proper disposal
- ✗ Never place sharps in regular waste bins or open containers
- ✗ Never carry loose sharps in pockets, bags, or trays

ZERO TOLERANCE: Any reuse of sharps is grounds for immediate decertification from the HDPTC program.

Waste Disposal

- Separate waste into: sharps / infectious / general
- Use color-coded bins where available (yellow = infectious, red = sharps, black = general)
- Never compress or overfill waste bags
- Follow local health authority waste disposal regulations

MODULE 2: BLOODBORNE PATHOGENS — HIV, HEPATITIS B & C

2.1 Overview

Bloodborne pathogens (BBPs) are microorganisms transmitted through contact with infected blood or certain body fluids. The three primary BBPs of concern in HDPTC field settings are HIV, Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

Key Facts at a Glance

Pathogen	Transmission	Survival Outside Body	Prevention
HIV	Blood, sexual contact, breast milk	Minutes to hours	PPE, no sharps reuse, PEP
Hepatitis B (HBV)	Blood, sexual contact, perinatal	Up to 7 days on surfaces	Vaccination, PPE, safe sharps
Hepatitis C (HCV)	Primarily blood-to-blood contact	Up to several weeks	PPE, no sharps sharing, no reuse

2.2 HHA Responsibilities

- ✓ Always use PPE when performing fingerstick or any blood-contact procedure
- ✓ Use single-use lancets for every patient — no exceptions
- ✓ Dispose of all sharps immediately after use
- ✓ Never handle used sharps without gloves
- ✓ Ensure Hepatitis B vaccination is up to date before deployment

2.3 Exposure Incident Response

If blood or potentially infectious material contacts your skin, mucous membranes, or a sharps injury occurs — act immediately:

1. Remove gloves carefully; do not touch face
2. Wash wound or exposed skin with soap and running water for at least 5 minutes
3. For eye or mouth exposure: flush with large amounts of clean water for 10 minutes
4. Do NOT squeeze wound or apply caustic agents
5. Report immediately to supervisor and seek medical evaluation
6. Medical provider will assess need for Post-Exposure Prophylaxis (PEP) — must begin within 72 hours for HIV PEP
7. Complete an incident report for HDPTC records

TIME IS CRITICAL: HIV PEP must begin within 72 hours of exposure. Do not wait. Seek medical attention immediately.

MODULE 3: RESPIRATORY INFECTIONS — TB, COVID-19 & INFLUENZA

3.1 Overview

Respiratory infections are among the most transmissible diseases in community and clinical settings. HHAs and CHWs operating in congregate or enclosed spaces must be vigilant about airborne and droplet precautions.

Key Respiratory Pathogens

Disease	Pathogen	Transmission	Key Symptoms	Key Action
Tuberculosis (TB)	Mycobacterium tuberculosis	Airborne (droplet nuclei)	Chronic cough ≥2 wks, night sweats, weight loss, hemoptysis	Immediate isolation; refer to TB clinic
COVID-19	SARS-CoV-2	Droplets & aerosols; contact	Fever, cough, shortness of breath, loss of taste/smell	Mask; isolate; refer; follow local protocol
Influenza	Influenza A/B virus	Droplets; contact with surfaces	Sudden fever, body aches, cough, fatigue	Mask; hygiene; refer vulnerable patients

3.2 Respiratory Precautions at HDPTC Settings

- ✓ Screen all patients for cough, fever, or respiratory symptoms BEFORE they enter the kiosk/clinic
- ✓ Keep symptomatic patients separated from other community members
- ✓ Wear a surgical or N95 mask when screening patients with respiratory symptoms
- ✓ Ensure adequate ventilation at all kiosk and clinic settings
- ✓ Maintain at least 1-metre physical distancing in waiting areas
- ✓ Disinfect shared surfaces (tables, BP cuffs, glucometers) between patients

3.3 Tuberculosis (TB) — Special Protocols

TB is a priority concern in HDPTC target regions (Nigeria, Malawi, Mozambique). HHAs must:

- Refer any patient with a cough lasting 2 weeks or more to a TB testing facility — do not wait for other symptoms
- Never perform sputum collection at a community kiosk — this must occur at a clinic with proper ventilation
- Inform referred patients that TB is treatable and that early treatment saves lives
- Complete a TB referral log entry and follow up on referral outcomes where possible

MODULE 4: VECTOR-BORNE DISEASES — MALARIA & DENGUE

4.1 Overview

Vector-borne diseases are transmitted through the bites of infected insects (primarily mosquitoes). In HDPTC operating regions, malaria and dengue pose significant public health risks. While HHAs do not treat these conditions, community-based early recognition and referral are life-saving.

Malaria vs. Dengue — Identification Guide

Feature	Malaria	Dengue
Pathogen	Plasmodium parasite (P. falciparum most severe)	Dengue virus (4 serotypes)
Vector	Female Anopheles mosquito (bites at night)	Aedes mosquito (bites during daytime)
Key Symptoms	Cyclical fever/chills, sweating, headache, vomiting, anemia	High fever, severe headache, eye pain, joint/muscle pain, rash
Warning Signs	Confusion, severe anemia, respiratory distress, jaundice	Bleeding gums/nose, severe abdominal pain, vomiting blood
HHA Action	Refer immediately; encourage insecticide-treated net use	Refer immediately; educate on hydration; no aspirin or ibuprofen

4.2 Prevention Education — Community Messaging

- Eliminate standing water around homes and kiosk sites (breeding grounds for mosquitoes)
- Encourage use of insecticide-treated bed nets (ITNs) — especially for children and pregnant women
- Promote long-sleeved clothing and insect repellent, particularly at dawn and dusk
- Advise communities on indoor residual spraying programs where available
- Educate that dengue mosquitoes breed in clean, stagnant water (flower pots, tyres, buckets)

4.3 HHA Scope and Referral Protocol

HHAs do NOT diagnose malaria or dengue. HHAs recognize warning symptoms, provide education, and initiate IMMEDIATE referral to the nearest health facility.

- Any patient presenting with high fever, chills, or warning signs must be referred that same day
- Document all referrals in the daily log with presenting symptoms
- Where rapid diagnostic tests (RDTs) for malaria are distributed by HDPTC, only certified personnel may administer them — per separate RDT protocol

MODULE 5: WOUND & SKIN INFECTIONS

5.1 Overview

Wound and skin infections are common in communities with limited access to healthcare. HHAs and CHWs may encounter patients with wounds, ulcers, or skin conditions during outreach activities. Proper recognition, basic first aid, and prompt referral are essential.

5.2 Common Wound & Skin Infections in HDPTC Settings

Condition	Signs & Symptoms	HHA Action
Infected Wound / Abscess	Redness, swelling, warmth, pus, pain, fever	Cover with clean dressing; refer to clinic for antibiotics; do not drain
Diabetic Foot Ulcer	Open sore on foot, poor healing, numbness (in diabetics)	Critical referral — same day; clean and cover wound; educate patient on foot care
Cellulitis	Spreading redness, warmth, swelling of skin, fever	Refer urgently; mark wound border to track spread; do not massage
Scabies	Intense itching (worse at night), burrow tracks, rash	Refer for treatment; advise washing clothing/bedding; isolate contact
Fungal Skin Infection	Ring-shaped rash, scaling, itching (ringworm/tinea)	Refer for antifungal treatment; educate on hygiene and avoiding sharing items
Infected Insect Bite	Increasing redness, swelling, warmth around bite	Clean; cover; refer if signs of spreading infection or systemic symptoms

5.3 Basic Wound Care at Kiosk / Outreach Level

HHAs may provide the following basic first aid only for minor wounds (clean cuts, abrasions) that do not show signs of infection:

8. Wash hands and apply gloves before touching any wound
9. Rinse wound with clean water or saline to remove visible debris
10. Apply a clean, dry dressing or bandage
11. Instruct patient to keep wound clean and dry
12. Advise patient to seek clinic care if wound worsens, shows pus, or does not heal within 3 days
13. Document wound first aid in daily log

HHAs must NOT apply antiseptic creams, oral medications, or perform wound debridement. These require a licensed provider.

5.4 Diabetic Wound Priority Protocol

Patients with diabetes are at extremely high risk of wound complications, including amputation. Any diabetic patient found with a foot wound during screening must be treated as a PRIORITY referral.

- Refer the same day — do not advise 'wait and see'
- Instruct patient not to walk barefoot until seen by a provider
- Document in both the DM screening log AND wound referral log
- Follow up on referral outcome at next kiosk visit

UNIVERSAL PROTOCOLS — ALL MODULES

Environmental Cleaning & Disinfection

All kiosk surfaces, equipment, and shared items must be cleaned between patient contacts:

- Wipe surfaces with 70% alcohol or 0.1% sodium hypochlorite (bleach) solution
- Allow disinfectant to air-dry (do not wipe off immediately)
- Clean BP cuffs, glucometers, and stethoscopes after every patient
- Dispose of single-use items immediately; never reuse

Referral Documentation — Universal Standard

Required Field	Details
Patient Name / ID	Full name or HDPTC unique ID
Date & Time of Referral	Exact date and time
Presenting Condition	Symptoms observed; screening result if applicable
Reason for Referral	Threshold exceeded, warning signs, other
Referral Destination	Clinic name, hospital, or partner physician
HHA Name & ID	Referring health advocate
Follow-up Date	Date to check on referral outcome

Community Communication Standards

- Always introduce yourself as an HDPTC-trained Healthy HEART Advocate
- Explain the purpose of any screening or activity before proceeding
- Obtain verbal consent before any patient contact or screening
- Communicate results calmly and clearly; avoid alarming language
- Maintain patient confidentiality at all times — do not discuss results publicly
- Wear your HDPTC-issued apron and identification at all times during outreach

COMPLIANCE & CERTIFICATION

All HDPTC personnel must complete this Infectious Disease Control Module as part of their HHA certification. Compliance with all protocols in this manual is mandatory. Non-compliance may result in:

- X Suspension of kiosk screening privileges
- X Decertification from the HDPTC HHA Program
- X Removal from the HDPTC Global Network

All HDPTC personnel are expected to model safe, professional, and compassionate practice in every community they serve. Infection control is not optional — it protects you, your patients, and your community.

ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm I have received, read, and understood the HDPTC Global Infectious Disease Control Module and agree to apply all protocols in my work as an HDPTC Healthy HEART Advocate.

Full Name (Print)

HHA Certification Number

Signature

Date

Country / Region

Supervisor Signature

HDPTC-GABP INITIATIVES – Heart Disease Prevention & Training Center

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HDPTC-GABP INITIATIVES

Global Infectious Disease Control Module

MODULE MASTERY ASSESSMENT

2 Questions Per Module • Answer Key Included • Required for Certification Sign-Off

Instructions: Read each question carefully and circle or write the letter of the best answer in the space provided. A score of 100% is required for module certification. If you do not achieve 100%, review the module and retest with your supervisor.

MODULE 1: GENERAL INFECTION CONTROL — PPE, HAND HYGIENE & SHARPS SAFETY

Q1. An HHA is about to perform a fingerstick blood glucose test. Before touching the patient, which of the following represents the correct sequence of actions?

- A. Put on gloves, then wash hands after the procedure
- B. Wash hands, put on gloves, perform the test, remove gloves, wash hands again
- C. Use hand sanitizer only if soap and water are unavailable, then skip gloves if the patient looks healthy
- D. Put on gloves immediately without hand hygiene since the gloves provide full protection

My Answer: _____

Correct / Incorrect ☐

Q2. After completing a fingerstick test, where should the used lancet be disposed of?

- A. Wrapped in paper and placed in the general waste bin
- B. Recapped and kept in the HHA's kit for later safe disposal at home
- C. Immediately placed into a labeled, puncture-resistant sharps container
- D. Left on the kiosk table until the end of the screening session, then disposed of in bulk

My Answer: _____

Correct / Incorrect ☐

MODULE 2: BLOODBORNE PATHOGENS — HIV, HEPATITIS B & C

Q3. An HHA accidentally pricks their finger with a used lancet while screening a patient. What is the FIRST action they should take?

- A. Apply a bandage and continue screening to avoid delays
- B. Immediately wash the wound with soap and running water for at least 5 minutes, remove gloves carefully, and report to a supervisor
- C. Squeeze the wound to encourage bleeding and apply antiseptic cream
- D. Wait until the end of the session, then report the incident to the country lead

My Answer: _____

Correct / Incorrect ☐

Q4. Which of the following statements about Hepatitis B Virus (HBV) is TRUE?

- A. HBV cannot survive outside the human body and poses no surface contamination risk
- B. HBV is only transmitted through sexual contact and poses no risk in a kiosk setting
- C. HBV can survive on surfaces for up to 7 days, making surface disinfection and PPE essential
- D. There is no vaccine available for HBV, so the only protection is careful hand hygiene

My Answer: _____

Correct / Incorrect ☐

MODULE 3: RESPIRATORY INFECTIONS — TB, COVID-19 & INFLUENZA

Q5. A patient approaches the kiosk with a cough that has persisted for 3 weeks, along with night sweats and unintentional weight loss. What should the HHA do?

- A. Screen the patient for blood pressure and blood glucose as normal and note the cough in the report
- B. Send the patient home and advise them to buy cough syrup from a pharmacy
- C. Immediately refer the patient to a TB testing facility; do not perform sputum collection at the kiosk
- D. Ask the patient to wait outside until the cough stops before proceeding with screening

My Answer: _____

Correct / Incorrect ☐

Q6. Which precaution is MOST important when screening a patient who reports fever, cough, and loss of taste/smell (possible COVID-19)?

- A. Continue screening normally — COVID-19 is no longer a concern in most regions
- B. Wear a surgical or N95 mask, keep physical distance, isolate the patient from others, and refer per local protocol
- C. Ask the patient to call back tomorrow when they feel better
- D. Wear gloves only — masks are optional if the patient covers their mouth when coughing

My Answer: _____

Correct / Incorrect ☐

MODULE 4: VECTOR-BORNE DISEASES — MALARIA & DENGUE

Q7. A community member reports high fever, severe headache, pain behind the eyes, joint pain, and a rash. Which disease does this presentation MOST suggest, and what should the HHA do?

- A. Malaria — administer an oral antimalarial from the kiosk supply
- B. Dengue — refer immediately to a health facility; advise the patient to stay hydrated and avoid aspirin or ibuprofen
- C. Influenza — advise rest, fluids, and return in 3 days if not improved

D. Hepatitis B — collect blood for a rapid diagnostic test at the kiosk

My Answer: _____

Correct / Incorrect ☐

Q8. Which of the following is the MOST effective community prevention message an HHA can share to reduce malaria transmission?

- A. Advise community members to take daily antimalarial tablets as a preventive measure
- B. Instruct families to empty and eliminate standing water around their homes and consistently use insecticide-treated bed nets (ITNs), especially for children and pregnant women
- C. Tell community members that malaria is only a risk during the rainy season and normal precautions apply year-round
- D. Advise families to keep windows and doors closed at all times to prevent mosquito entry

My Answer: _____

Correct / Incorrect ☐

MODULE 5: WOUND & SKIN INFECTIONS

Q9. During a community outreach visit, an HHA notices that a patient with known diabetes has an open sore on the bottom of their foot with some discharge. The patient says it has been there for two weeks. What is the correct HHA response?

- A. Apply antiseptic cream from the kiosk first-aid kit and advise the patient to return in one week
- B. Drain the wound at the kiosk to reduce the risk of further infection
- C. Treat this as a PRIORITY referral — refer the patient to a clinic the same day; cover the wound with a clean dry dressing and instruct patient not to walk barefoot
- D. Reassure the patient that foot sores are common in older diabetics and are not usually serious

My Answer: _____

Correct / Incorrect ☐

Q10. A patient presents with a rapidly spreading area of redness, warmth, and swelling on their lower leg with accompanying fever. Which condition does this MOST likely represent, and what is the correct action?

- A. Scabies — advise the patient to wash their bedding and clothing thoroughly
- B. Fungal skin infection — refer for antifungal cream and educate on hygiene
- C. Cellulitis — refer urgently to a clinic; mark the wound border with a pen to track the spread; do NOT massage the area
- D. A minor insect bite reaction — apply a cool compress and reassure the patient

My Answer: _____

Correct / Incorrect ☐

ANSWER KEY — FOR SUPERVISOR USE ONLY

This answer key is to be used by the supervising HHA trainer to grade completed assessments. Do not share answers with trainees prior to assessment completion.

Q#	Module	Answer	Rationale
Q1	Module 1 — General Infection Control	B	Hand hygiene before AND after patient contact is mandatory. Gloves supplement but do not replace hand hygiene. The complete sequence is: wash hands → gloves → test → remove gloves → wash hands.
Q2	Module 1 — General Infection Control	C	Used sharps must be placed immediately into a labeled, puncture-resistant sharps container after every use. Recapping, delayed disposal, or general waste disposal all create serious injury and infection risks.
Q3	Module 2 — Bloodborne Pathogens	B	Immediate wound washing for at least 5 minutes is the critical first step. Do not squeeze the wound. Gloves should be carefully removed without touching the outer surface. Supervisor notification and medical evaluation must follow immediately — HIV PEP must start within 72 hours.
Q4	Module 2 — Bloodborne Pathogens	C	HBV can survive on environmental surfaces for up to 7 days. This makes surface disinfection between patients and consistent PPE use essential in all kiosk settings. A vaccine is available for HBV and all HHAs should be vaccinated before deployment — based on local availability.
Q5	Module 3 — Respiratory Infections	C	A cough of 2+ weeks with night sweats and weight loss is the classic TB symptom triad. The HHA must refer immediately to a TB testing facility. Sputum collection must NEVER be performed at a community kiosk — it requires a clinical setting with proper ventilation.
Q6	Module 3 — Respiratory Infections	B	A patient with fever, cough, and loss of taste/smell presents a possible COVID-19 risk. The HHA must use a mask, maintain physical distancing, separate the patient from others, and refer per local protocol. PPE and isolation are non-negotiable.
Q7	Module 4 — Vector-Borne Diseases	B	The described symptoms (high fever, headache, eye pain, joint pain, rash) are classic dengue. The patient needs same-day referral. Aspirin and ibuprofen are specifically contraindicated in dengue due to bleeding risk. HHAs cannot administer medications of any kind.
Q8	Module 4 — Vector-Borne Diseases	B	Eliminating standing water removes mosquito breeding sites, and insecticide-treated nets (ITNs) are the most evidence-based household protection against malaria. Daily antimalarials are a medical decision — HHAs do not prescribe or recommend them to the general public.
Q9	Module 5 — Wound & Skin Infections	C	A diabetic foot ulcer of any size or duration is a medical emergency and a PRIORITY same-day referral. Diabetic patients have impaired healing and nerve sensation; even a small wound can progress rapidly to infection and amputation. HHAs must never apply topical treatments or drain wounds.
Q10	Module 5 — Wound & Skin Infections	C	Spreading redness, warmth, swelling, and fever is the presentation of cellulitis — a rapidly progressing bacterial skin infection requiring urgent antibiotic treatment. Marking the border allows clinicians to track spread. Massaging the area can worsen infection spread. Urgent referral is required.

Total Questions	Pass Score	Trainee Score
10	10 / 10 (100%)	_____ / 10

CERTIFICATION SIGN-OFF

This section must be completed and signed by both the trainee and the supervising trainer before HHA certification is issued. A score of 10/10 is required. If a trainee scores below 10/10, they must review the relevant module(s) and re-sit the assessment before this form may be signed.

Trainee Declaration

I confirm that I have studied all five modules of the HDPTC Global Infectious Disease Control Module, completed the Module Mastery Assessment independently and without assistance, and that I understand and will apply all protocols described in this training in my role as an HDPTC Healthy HEART Advocate.

Trainee Full Name (Print)

HDPTC HHA ID / Candidate Number

Trainee Signature

Date of Assessment

Country / Region of Deployment

Kiosk / Outreach Site Name

Supervisor / Trainer Declaration

I confirm that I have reviewed the completed assessment, graded each response against the official HDPTC answer key, and that the trainee named above has achieved the required score of 10/10 and is hereby certified to practice as an HDPTC Healthy HEART Advocate in accordance with the Global Infectious Disease Control Module standards.

Supervisor Full Name (Print)

Supervisor HDPTC Role / Title

Supervisor Signature

Date Certified

Country Program Lead (if different)

Official Stamp / Seal (if applicable)