Year 1 - Practical Notes

Social Pharmacy

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National Immunisation Schedule for Children

Experiment 1 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To prepare an age-wise chart of the national routine immunisation schedule.

Principle

Routine immunisation schedules specify vaccine opportunities by age. This teaching chart follows the supplied Indian programme context; verify the current government schedule and local programme updates before counselling.

Age-Wise Teaching Chart

Age	Routine vaccine entries
Birth	BCG; OPV-0; hepatitis B birth dose
6 weeks	OPV-1; pentavalent-1; rotavirus-1; fractional IPV-1; PCV-1
10 weeks	OPV-2; pentavalent-2; rotavirus-2
14 weeks	OPV-3; pentavalent-3; rotavirus-3; fractional IPV-2; PCV-2
9-12 months	MR-1; PCV booster; fractional IPV-3; JE-1 in designated endemic districts
16-24 months	MR-2; DPT booster-1; OPV booster; JE-2 in designated endemic districts
5-6 years	DPT booster-2
10 years	Td
16 years	Td

Key Points

- Check the child's date of birth, vaccination record and missed opportunities.
- JE entries apply to the programme's endemic districts.
- Record a missed dose for review under the current catch-up policy; do not invent a new schedule.
- Vitamin A supplementation is a separate programme intervention, not a vaccine.

Activity Procedure

1. Review record

Read a fictional immunisation card and calculate the child's age.

2. Map doses

Place recorded doses against the age-wise chart.

3. Identify action

List due or missed entries for the immunisation team to confirm.

4. Counsel

Explain the next appointment and documentation; use teach-back.

Record and Observations

Card check	Record
Age / date of birth	_____
Documented doses	_____
Due / missed entries	_____
Confirmed next appointment	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Viva Questions and Answers

1. What does a schedule show?

The programme's vaccine opportunities by age.

2. Is JE universal in this chart?

Its routine entries apply in designated endemic districts.

3. Should a student create a catch-up regimen?

No; use the current immunisation-team guidance.

Adult and Maternal Immunisation Counselling

Experiment 2 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To assess a fictional adult vaccination record and explain the referral pathway.

Principle

Adult vaccination is guided by previous doses, age, pregnancy, occupation, health risks and current programme recommendations.

Key Points

- The national maternal programme uses Td entries according to documented history.
- Influenza, pneumococcal, hepatitis B and other adult vaccines require an individual indication review.
- Contraindications and product suitability are checked by the vaccination team.

Activity Procedure

1. History

Record age, prior vaccines, pregnancy status where relevant and risk factors.

2. Programme check

Use the current official maternal or adult policy and identify missing information.

3. Refer

Prepare questions for the immunisation team; avoid assuming every adult needs the same list.

4. Counsel

Explain record retention, follow-up appointments and reporting of concerning symptoms.

Record and Observations

Field	Activity record
Age / risk / pregnancy context	_____
Previous documented doses	_____
Information to confirm	_____
Team advice / follow-up	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Viva Questions and Answers

1. Why review prior doses?

Previous vaccination can change the required action.

2. Is there one universal adult schedule?

Risk, history and national recommendations must be considered.

3. Who confirms suitability?

The qualified vaccination team using current policy.

Reproductive and Child Health

Experiment 3 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To explain key reproductive, maternal and child-health services.

Principle

Continuity of care links preconception, antenatal, delivery, postnatal and child-health services.

Key Points

- Respect privacy, informed choice and non-judgmental communication.
- Link nutrition, antenatal visits, safe delivery, breastfeeding support, immunisation and growth assessment.
- Urgent maternal or infant symptoms require prompt clinical assessment.

Activity Procedure

1. Map services

Create a locally relevant care pathway from antenatal registration to child follow-up.

2. Role play

Explain appointment attendance, prescribed supplements and the referral process in plain language.

3. Identify barriers

Discuss transport, cost, literacy and family support without blaming the person.

4. Teach back

Check the person can explain the next step and when to seek help.

Record and Observations

Field	Activity record
Service / life stage	_____
Barrier / support	_____
Referral / follow-up	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use teaching models and respect privacy.
- Do not practise invasive procedures during these role plays.

Viva Questions and Answers

1. Why use plain language?

It helps the learner understand and act on the advice.

2. Why use teach-back?

It checks understanding through the learner's explanation or demonstration.

3. What should be recorded?

Observed performance, agreed actions and any referral concern.

Family Planning Devices and Counselling

Experiment 4 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To identify contraceptive devices and counsel within an informed-choice role play.

Principle

Contraception options differ in mechanism, duration, user action, suitability and protection against sexually transmitted infections.

Key Points

- Identify condoms, oral-method packaging, intrauterine devices and implant models.
- Condoms also help reduce STI transmission; most other contraceptives do not.
- Eligibility and insertion of clinical devices require qualified assessment.

Activity Procedure

1. Identify

Inspect dummy devices and state route, duration category and user responsibility.

2. Compare

Explain reversible options, typical-use considerations and STI protection.

3. Role play

Ask about preferences and answer respectfully without pressuring a choice.

4. Refer

Direct suitability or procedure questions to the qualified service.

Record and Observations

Field	Activity record
Device / method	_____
Mechanism / user action	_____
Suitability question	_____
Counselling / referral	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use teaching models and respect privacy.
- Do not practise invasive procedures during these role plays.

Viva Questions and Answers

1. Why use plain language?

It helps the learner understand and act on the advice.

2. Why use teach-back?

It checks understanding through the learner's explanation or demonstration.

3. What should be recorded?

Observed performance, agreed actions and any referral concern.

Prepared Slides of Microbes

Experiment 5 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise broad microbial groups from prepared slides and teaching images.

Principle

Microscopic size, shape and arrangement support broad classification; organism-level identification requires appropriate validated methods.

Key Points

- Compare bacterial shapes, fungal structures and protozoal teaching images.
- Viruses are generally too small to identify on an ordinary light-microscope slide; use supplied illustrations.
- This activity uses prepared material and does not grow or propagate organisms.

Activity Procedure

1. Inspect label

Record the prepared-slide name, stain and magnification.

2. Survey

Observe shape, arrangement and any visible special structure.

3. Compare

Use authenticated teaching images to distinguish the broad groups.

4. Draw

Make a labelled sketch and state what cannot be concluded from the image alone.

Record and Observations

Field	Activity record
Prepared material / group	_____
Shape / arrangement	_____
Magnification	_____
Identification limits	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use teaching models and respect privacy.
- Do not practise invasive procedures during these role plays.

Viva Questions and Answers

1. Why use plain language?

It helps the learner understand and act on the advice.

2. Why use teach-back?

It checks understanding through the learner's explanation or demonstration.

3. What should be recorded?

Observed performance, agreed actions and any referral concern.

Oral Health and Dental Hygiene

Experiment 6 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To demonstrate basic oral-hygiene counselling.

Principle

Regular plaque control, suitable fluoride toothpaste, dietary habits and dental review support oral health.

Key Points

- Use a model to show gentle brushing and cleaning of all tooth surfaces.
- Discuss sugary-snack frequency and routine dental visits.
- Dental swelling with fever, spreading facial swelling or difficulty swallowing needs prompt assessment.

Activity Procedure

1. Assess

Ask about brushing habits, diet, dental symptoms and last dental visit.

2. Demonstrate

Show a gentle systematic brushing method on a dental model and explain interdental cleaning where appropriate.

3. Counsel

Agree one achievable hygiene or diet action.

4. Teach back

Ask the partner to demonstrate and explain when dental referral is needed.

Record and Observations

Field	Activity record
Current habits	_____
Model demonstration	_____
Agreed action	_____
Dental referral signs	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use teaching models and respect privacy.
- Do not practise invasive procedures during these role plays.

Viva Questions and Answers

1. Why use plain language?

It helps the learner understand and act on the advice.

2. Why use teach-back?

It checks understanding through the learner's explanation or demonstration.

3. What should be recorded?

Observed performance, agreed actions and any referral concern.

Handwashing and Cough Hygiene

Experiment 7 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To demonstrate routine handwashing and respiratory etiquette.

Principle

Hand cleaning and covering respiratory secretions help reduce transfer of contamination during everyday contact.

Key Points

- Wet hands, apply soap, rub all surfaces, rinse and dry using the facility method.
- Include thumbs, fingertips, between fingers and backs of hands.
- Cough into a tissue or elbow and clean hands after handling used tissues.

Activity Procedure

1. Demonstrate

Show the complete handwashing sequence at the training sink.

2. Observe

Use a checklist to identify commonly missed areas.

3. Role play

Show cough etiquette and safe tissue disposal.

4. Improve

Repeat missed steps and explain useful occasions for hand cleaning.

Record and Observations

Field	Activity record
Missed hand areas	_____
Corrected steps	_____
Cough etiquette	_____
Useful occasions	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use teaching models and respect privacy.
- Do not practise invasive procedures during these role plays.

Viva Questions and Answers

1. Why use plain language?

It helps the learner understand and act on the advice.

2. Why use teach-back?

It checks understanding through the learner's explanation or demonstration.

3. What should be recorded?

Observed performance, agreed actions and any referral concern.

Masks and Personal Protective Equipment

Experiment 8 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To select and demonstrate PPE for a stated teaching situation.

Principle

PPE selection follows exposure risk, fit and the facility's infection-prevention procedure.

Key Points

- Identify gloves, apron/gown, medical mask, respirator and eye protection.
- Gloves do not replace hand hygiene.
- The exact putting-on and removal sequence follows the facility's selected PPE combination.

Activity Procedure

1. Assess task

State the anticipated contact or splash risk in the fictional activity.

2. Select

Choose appropriate training PPE and explain the reason.

3. Demonstrate

Use the institution's checklist to put on and remove the selected items without contaminating clean surfaces.

4. Record

Note fit, removal errors, disposal and hand hygiene.

Record and Observations

Field	Activity record
Scenario / exposure risk	_____
Selected PPE	_____
Fit / technique	_____
Removal / disposal check	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use teaching models and respect privacy.
- Do not practise invasive procedures during these role plays.

Viva Questions and Answers

1. Why use plain language?

It helps the learner understand and act on the advice.

2. Why use teach-back?

It checks understanding through the learner's explanation or demonstration.

3. What should be recorded?

Observed performance, agreed actions and any referral concern.

Menstrual Hygiene Counselling

Experiment 9 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To provide respectful menstrual-hygiene information in a role play.

Principle

Access to clean menstrual materials, privacy, safe changing and appropriate disposal supports comfort and dignity.

Key Points

- Discuss available pad, reusable-material or cup options without imposing a choice.
- Changing, washing and reuse follow the specific product instructions.
- Heavy bleeding with weakness, severe pain or concerning symptoms warrants clinical review.

Activity Procedure

1. Ask

Use private, respectful questions about access and concerns.

2. Explain

Discuss clean handling, changing, hand hygiene and product-specific instructions.

3. Discuss disposal

Use local sanitation guidance and avoid blocking drains.

4. Teach back

Confirm practical understanding and access to support.

Record and Observations

Field	Activity record
Product / preference	_____
Handling / hygiene	_____
Disposal / access	_____
Referral concern	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use teaching models and respect privacy.
- Do not practise invasive procedures during these role plays.

Viva Questions and Answers

1. Why use plain language?

It helps the learner understand and act on the advice.

2. Why use teach-back?

It checks understanding through the learner's explanation or demonstration.

3. What should be recorded?

Observed performance, agreed actions and any referral concern.

Adult Basic Life Support CPR and AED

Experiment 10 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To demonstrate adult resuscitation skills on a training mannequin.

Principle

Early recognition, emergency activation, effective compressions and defibrillation support survival after cardiac arrest. Practise with an instructor and a training AED.

Key Points

- Check scene safety and responsiveness.
- Absent normal breathing, including gasping, is concerning; trained healthcare rescuers check breathing and pulse together for no more than 10 seconds.
- Adult compressions: 100-120/min, at least 5 cm while avoiding depths above 6 cm, with full recoil.
- Use 30 compressions to 2 breaths without an advanced airway; trained ventilation produces visible chest rise.

Activity Procedure

1. Activate

Call for the local emergency response and send someone for an AED.

2. Compress

Place hands on the lower half of the sternum, use the mannequin feedback and minimise interruptions.

3. Ventilate

Practise 30:2 with the instructor-approved barrier or bag-mask trainer.

4. Use AED

Turn on the training AED, apply pads, follow prompts and ensure nobody touches the mannequin during analysis or shock.

5. Resume

Resume compressions immediately after a prompted shock or no-shock decision; continue the trained sequence.

Record and Observations

Field	Activity record
Recognition / emergency activation	_____
Rate / depth / recoil feedback	_____
30:2 sequence / chest rise	_____
AED safety / restart	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a mannequin and training AED; do not deliver real shocks in a classroom exercise.
- Complete hands-on training with a qualified instructor.

Viva Questions and Answers

1. Why allow recoil?

It supports refilling between compressions.

2. Are gasps normal breathing?

No; they can occur during cardiac arrest.

3. Why minimise pauses?

Interruptions reduce the time that compressions support circulation.

Adult Choking First Aid

Experiment 11 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To distinguish mild from severe airway obstruction and demonstrate the adult training sequence.

Principle

Effective coughing may clear mild obstruction; severe obstruction requires immediate assistance and emergency activation.

Key Points

- Mild obstruction: encourage effective coughing and watch for deterioration.
- Severe conscious-adult obstruction: repeat 5 back blows followed by 5 abdominal thrusts.
- Use chest thrusts instead of abdominal thrusts in late pregnancy or when the abdomen cannot be encircled.
- If unresponsive, begin CPR with compressions; remove only a visible object when opening the airway, never a blind finger sweep.

Activity Procedure

1. Recognise

Role-play coughing versus inability to speak or breathe effectively.

2. Activate

Arrange emergency assistance for severe obstruction.

3. Demonstrate

Use a choking trainer for the 5-and-5 sequence and the indicated chest-thrust variation.

4. Deterioration

Practise transition to CPR on a mannequin and handover to the emergency team.

Record and Observations

Field	Activity record
Obstruction severity	_____
Emergency activation	_____
Trainer sequence	_____
Unresponsive transition	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a trainer rather than real force on a partner.

Viva Questions and Answers

1. Why encourage an effective cough?

It can generate pressure to clear mild obstruction.

2. Why avoid blind sweeps?

They can push the obstruction deeper or cause injury.

3. Why use a trainer?

Thrusts can injure a healthy volunteer.

First Aid for Snakebite

Experiment 12 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise a snakebite scenario and demonstrate the first response.

Principle

First aid prioritises scene safety, airway and breathing, prevention of further harm and timely transfer to qualified care.

Key Points

- Keep the person still, reassure, immobilise the affected limb and arrange urgent transfer.
- Do not cut, suck, ice or apply a tight tourniquet; do not try to capture the snake.
- Airway or breathing problems and deterioration need immediate emergency support.

Practice Scenario

Fictional role-play case: A person reports a possible snakebite while walking outdoors.

Activity Procedure

1. Recognise

Identify the scenario and immediate hazards.

2. Activate

Arrange the appropriate emergency or urgent referral and explain the concern.

3. Demonstrate

Keep the person still, reassure, immobilise the affected limb and arrange urgent transfer.

4. Handover

Give the event time, symptoms, actions and available product or exposure information.

Record and Observations

Field	Activity record
Event / time	_____
Immediate action	_____
Actions avoided	_____
Referral / handover	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a mannequin or role play for demonstrations.
- Do not attempt definitive medical treatment during the student exercise.

Viva Questions and Answers

1. What is the first priority?

Rescuer and scene safety, followed by immediate life threats.

2. What action should be avoided?

Do not cut, suck, ice or apply a tight tourniquet; do not try to capture the snake.

3. Why document time?

It helps the receiving team interpret the event and treatment needs.

First Aid for Dog Bite

Experiment 13 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise a dog bite scenario and demonstrate the first response.

Principle

First aid prioritises scene safety, airway and breathing, prevention of further harm and timely transfer to qualified care.

Key Points

- Wash the wound with soap and running water for about 15 minutes and seek prompt rabies-exposure and wound assessment.
- Do not delay assessment while waiting to see whether the animal becomes ill.
- The clinical team assesses rabies prevention, tetanus status and wound care.

Practice Scenario

Fictional role-play case: A person has a fresh dog-bite wound.

Activity Procedure

1. Recognise

Identify the scenario and immediate hazards.

2. Activate

Arrange the appropriate emergency or urgent referral and explain the concern.

3. Demonstrate

Wash the wound with soap and running water for about 15 minutes and seek prompt rabies-exposure and wound assessment.

4. Handover

Give the event time, symptoms, actions and available product or exposure information.

Record and Observations

Field	Activity record
Event / time	_____
Immediate action	_____
Actions avoided	_____
Referral / handover	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a mannequin or role play for demonstrations.
- Do not attempt definitive medical treatment during the student exercise.

Viva Questions and Answers

1. What is the first priority?

Rescuer and scene safety, followed by immediate life threats.

2. What action should be avoided?

Do not delay assessment while waiting to see whether the animal becomes ill.

3. Why document time?

It helps the receiving team interpret the event and treatment needs.

First Aid for Insecticide Poisoning

Experiment 14 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise a insecticide poisoning scenario and demonstrate the first response.

Principle

First aid prioritises scene safety, airway and breathing, prevention of further harm and timely transfer to qualified care.

Key Points

- Protect the rescuer, move away from exposure if safe, call emergency/poison services and use their instructions.
- Do not induce vomiting or give food, drink or an antidote without professional instruction.
- Take the product information if safe; avoid contaminating helpers with clothing or chemical residue.

Practice Scenario

Fictional role-play case: A person has suspected pesticide exposure with vomiting and breathing symptoms.

Activity Procedure

1. Recognise

Identify the scenario and immediate hazards.

2. Activate

Arrange the appropriate emergency or urgent referral and explain the concern.

3. Demonstrate

Protect the rescuer, move away from exposure if safe, call emergency/poison services and use their instructions.

4. Handover

Give the event time, symptoms, actions and available product or exposure information.

Record and Observations

Field	Activity record
Event / time	_____
Immediate action	_____
Actions avoided	_____
Referral / handover	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a mannequin or role play for demonstrations.
- Do not attempt definitive medical treatment during the student exercise.

Viva Questions and Answers

1. What is the first priority?

Rescuer and scene safety, followed by immediate life threats.

2. What action should be avoided?

Do not induce vomiting or give food, drink or an antidote without professional instruction.

3. Why document time?

It helps the receiving team interpret the event and treatment needs.

First Aid for Fracture

Experiment 15 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise a fracture scenario and demonstrate the first response.

Principle

First aid prioritises scene safety, airway and breathing, prevention of further harm and timely transfer to qualified care.

Key Points

- Support the limb in the position found and obtain urgent assessment; use a training splint only as taught.
- Do not straighten a suspected fracture or push protruding bone back into a wound.
- Assess circulation, sensation and concerning associated injuries; major trauma needs emergency response.

Practice Scenario

Fictional role-play case: A person has a painful deformed limb after a fall.

Activity Procedure

1. Recognise

Identify the scenario and immediate hazards.

2. Activate

Arrange the appropriate emergency or urgent referral and explain the concern.

3. Demonstrate

Support the limb in the position found and obtain urgent assessment; use a training splint only as taught.

4. Handover

Give the event time, symptoms, actions and available product or exposure information.

Record and Observations

Field	Activity record
Event / time	_____
Immediate action	_____
Actions avoided	_____
Referral / handover	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a mannequin or role play for demonstrations.
- Do not attempt definitive medical treatment during the student exercise.

Viva Questions and Answers

1. What is the first priority?

Rescuer and scene safety, followed by immediate life threats.

2. What action should be avoided?

Do not straighten a suspected fracture or push protruding bone back into a wound.

3. Why document time?

It helps the receiving team interpret the event and treatment needs.

First Aid for Burn

Experiment 16 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise a burn scenario and demonstrate the first response.

Principle

First aid prioritises scene safety, airway and breathing, prevention of further harm and timely transfer to qualified care.

Key Points

- Stop exposure safely, cool the affected area with cool running water for 20 minutes, remove nearby loose jewellery and cover suitably after cooling.
- Do not remove stuck clothing or apply ice, butter or creams; avoid chilling the whole person.
- Large/deep burns, sensitive sites, electrical/chemical injury or breathing concerns require urgent emergency assessment.

Practice Scenario

Fictional role-play case: A person has a recent thermal scald.

Activity Procedure

1. Recognise

Identify the scenario and immediate hazards.

2. Activate

Arrange the appropriate emergency or urgent referral and explain the concern.

3. Demonstrate

Stop exposure safely, cool the affected area with cool running water for 20 minutes, remove nearby loose jewellery and cover suitably after cooling.

4. Handover

Give the event time, symptoms, actions and available product or exposure information.

Record and Observations

Field	Activity record
Event / time	_____
Immediate action	_____
Actions avoided	_____
Referral / handover	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a mannequin or role play for demonstrations.
- Do not attempt definitive medical treatment during the student exercise.

Viva Questions and Answers

1. What is the first priority?

Rescuer and scene safety, followed by immediate life threats.

2. What action should be avoided?

Do not remove stuck clothing or apply ice, butter or creams; avoid chilling the whole person.

3. Why document time?

It helps the receiving team interpret the event and treatment needs.

First Aid for Epileptic Seizure

Experiment 17 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise a epileptic seizure scenario and demonstrate the first response.

Principle

First aid prioritises scene safety, airway and breathing, prevention of further harm and timely transfer to qualified care.

Key Points

- Clear hazards, cushion the head, time the event and stay with the person; after jerking stops, check breathing and use the recovery position when appropriate.
- Do not restrain the person or put objects, food or drink in the mouth.
- Emergency help is needed for a prolonged seizure around 5 minutes, repeated seizures without recovery, breathing difficulty, injury or a first seizure.

Practice Scenario

Fictional role-play case: A person has a convulsive seizure in a public area.

Activity Procedure

1. Recognise

Identify the scenario and immediate hazards.

2. Activate

Arrange the appropriate emergency or urgent referral and explain the concern.

3. Demonstrate

Clear hazards, cushion the head, time the event and stay with the person; after jerking stops, check breathing and use the recovery position when appropriate.

4. Handover

Give the event time, symptoms, actions and available product or exposure information.

Record and Observations

Field	Activity record
Event / time	_____
Immediate action	_____
Actions avoided	_____
Referral / handover	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use a mannequin or role play for demonstrations.
- Do not attempt definitive medical treatment during the student exercise.

Viva Questions and Answers

1. What is the first priority?

Rescuer and scene safety, followed by immediate life threats.

2. What action should be avoided?

Do not restrain the person or put objects, food or drink in the mouth.

3. Why document time?

It helps the receiving team interpret the event and treatment needs.

Pharmacist Role in Disaster Management

Experiment 18 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To plan pharmacy support for a fictional local disaster.

Principle

A disaster disrupts supply, access and communication; coordinated pharmacy services support continuity and safe distribution.

Key Points

- Identify emergency coordination, essential stock, storage and referral needs.
- Maintain traceable receipt and issue records and protect temperature-sensitive items.
- Communicate verified information and preserve patient privacy.

Activity Procedure

1. Assess

List needs in a fictional flood or shelter scenario.

2. Plan

Create a stock, storage, dispensing and referral workflow with the designated response team.

3. Prioritise

Identify interruption-sensitive ongoing medicines and accessible clinical services.

4. Review

Explain accountability, expired-product checks and communication.

Record and Observations

Field	Activity record
Scenario / needs	_____
Stock / storage plan	_____
Coordination / referral	_____
Record / communication	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Viva Questions and Answers

1. Why coordinate supplies?

Uncoordinated donations can create shortages, duplicates and unsuitable stock.

2. Why preserve cold-chain records?

Temperature excursions can affect product suitability.

3. Why use verified messages?

Incorrect information can obstruct safe response.

Marketed Antiseptics Disinfectants and Vector-Control Products

Experiment 19 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To compare labelled marketed products and their intended uses.

Principle

Antiseptics are intended for specified living-tissue uses; disinfectants are intended for specified inanimate surfaces. Concentration, contact time and compatibility are product-specific.

Key Points

- Review an antiseptic, surface disinfectant, authorised fumigant label and larval-control product label.
- These product categories are not interchangeable.
- Fumigation and pesticide application require authorised personnel and the labelled controls.

Activity Procedure

1. Collect labels

Use packaging or pictures of approved marketed products.

2. Compare

Record active ingredient, intended site, dilution, contact time and hazard information.

3. Assess

Identify storage, incompatibilities and disposal instructions.

4. Explain

Present why a product is suitable for its labelled task.

Record and Observations

Field	Activity record
Product / category	_____
Active ingredient / labelled use	_____
Dilution / contact time from label	_____
Hazard / storage / disposal	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- This is label review; do not prepare fumigants or mix chemicals.

Viva Questions and Answers

1. Are antiseptics and disinfectants interchangeable?

No; intended sites and product instructions differ.

2. Why use labelled contact time?

Effectiveness is linked to the validated exposure conditions.

3. Should products be mixed?

Only when the manufacturer explicitly permits it; hazardous reactions can occur.

IEC Materials for Five Communicable Diseases

Experiment 20 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To prepare clear information, education and communication material for five disease topics.

Principle

A useful health message identifies a practical prevention action, symptoms needing assessment and a credible care pathway without stigma.

Key Points

- Tuberculosis: prompt assessment of persistent respiratory symptoms, treatment adherence and ventilation.
- Dengue: reduce standing-water breeding sites and use mosquito-bite prevention; concerning illness needs assessment.
- Malaria: mosquito-bite prevention and timely fever evaluation in the relevant risk context.
- Diarrhoeal illness: safe water, hand hygiene and early dehydration assessment.
- Measles: vaccination-record review and prompt assessment with appropriate infection-prevention advice.

Activity Procedure

1. Define audience

Choose a community audience and language for each of the five topics.

2. Draft

Write one prevention action, one care-seeking message and one service contact per topic.

3. Design

Use a short heading, readable text and an original simple illustration.

4. Check

Ask a partner to explain the intended action and revise unclear or stigmatising wording.

Record and Observations

Field	Activity record
Topic / audience	_____
Prevention message	_____
Care-seeking message	_____
Teach-back / revision	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Viva Questions and Answers

1. What makes IEC actionable?

A clear practical step and a route to help.

2. Why avoid stigma?

It can discourage people from seeking care.

3. How is clarity checked?

Ask the intended reader to explain the message and action.

Water Purification Testing and Disinfectant Calculations

Experiment 21 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To explain water-treatment stages, use a teaching test kit and calculate an instructor-assigned dose.

Principle

Water treatment may require clarification, filtration and validated disinfection. The required disinfectant dose depends on demand, product strength, contact time and the specified measured residual.

Key Points

- Inspect source and treatment steps before considering dose.
- Use the kit instructions for pH, turbidity or residual-chlorine testing.
- Chlorine demand and desired residual are different quantities.
- Potassium permanganate is not a routine substitute for validated drinking-water chlorination.

Activity Procedure

1. Map treatment

Draw source protection, settling/filtration where required, disinfection and protected storage.

2. Test

Use instructor-prepared teaching water and the assigned kit; record units, time and colour comparison.

3. Calculate chlorine

Use supplied volume, target dose and available-chlorine fraction; independently check units.

4. Calculate the assigned permanganate exercise

Use only the instructor-given model concentration in a worksheet; no universal drinking-water dose is inferred.

5. Interpret

State why a calculated mass does not replace residual testing and the validated treatment process.

Record and Observations

Volume / supplied dose	_____
Available chlorine fraction	_____
Calculated product mass	_____
Measured residual / contact time	_____
Assigned model dilution	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Precautions

- Use supplied calculations and teaching test material.
- Do not instruct households to use a classroom worksheet dose without validated local guidance.

Viva Questions and Answers

1. Why measure residual?

Demand may consume disinfectant, so the added amount does not reveal the remaining residual.

2. Why account for product strength?

Only the active fraction contributes to the calculated chlorine amount.

3. Can permanganate be substituted automatically?

No; treatment selection and targets need validated guidance.

Worked Calculation

Illustrative worksheet values only.

- Required active chlorine (g) = dose (mg/L) × water volume (L) / 1,000.
- For 10,000 L at a supplied 2 mg/L dose: 20 g active chlorine. At 30% available chlorine, product mass = 20 / 0.30 = 66.7 g.
- Separate permanganate dilution exercise: 0.1% w/v stock is 1 g/L. To make 100 mL of an instructor-specified 0.01% model solution, C1V1 = C2V2 gives 10 mL stock, made to 100 mL. This is a calculation exercise, not a drinking-water instruction.

Counselling Children About Frequent Junk-Food Consumption

Experiment 22 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To discuss food choices with a child and caregiver in a supportive role play.

Principle

Food counselling works best through affordable, practical substitutions and regular habits rather than blame or restrictive promises.

Key Points

- Ask about usual snacks, drinks, school meals and food access.
- Discuss varied meals, water and less frequent sugary drinks or packaged snacks.
- Avoid body shaming and extreme dieting advice.

Activity Procedure

1. Ask

Use age-appropriate language and involve the caregiver.

2. Choose action

Agree one achievable swap, such as water for a sugary drink or a suitable fresh snack.

3. Plan

Discuss school routine, budget and available foods.

4. Teach back

Have the child or caregiver explain the plan and arrange a review.

Record and Observations

Field	Activity record
Usual intake / context	_____
Agreed substitution	_____
Access / caregiver support	_____
Teach-back / review	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Viva Questions and Answers

1. Why avoid blame?

Supportive discussion makes honest participation more likely.

2. Why consider access?

A recommendation must be feasible in the family's setting.

3. Why choose a small action?

It is easier to practise and review than many simultaneous restrictions.

Nutrition Charts Calorie Calculation and Glycaemic Index

Experiment 23 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To calculate the energy of a fictional meal and interpret a nutrition chart.

Principle

Food energy calculations use nutrient amounts; glycaemic index compares the blood-glucose response to a defined available-carbohydrate portion with a comparator food.

Key Points

- Carbohydrate and protein provide about 4 kcal/g; fat about 9 kcal/g.
- Use the same edible portion and units when comparing food-chart entries.
- GI does not describe portion size, total nutrient quality or the whole mixed-meal response.

Practice Scenario

Illustrative meal data: carbohydrate 60 g, protein 15 g and fat 10 g. Energy = 240 + 60 + 90 = 390 kcal.

Activity Procedure

1. Read chart

Record the serving mass and carbohydrate, protein and fat entries from the assigned food chart.

2. Calculate

Multiply each macronutrient amount by its energy factor and sum.

3. Interpret GI

Explain that GI is a comparative response measure under standard conditions.

4. Plan meal

Describe an original varied meal and justify portion and food-group choices.

Record and Observations

Field	Activity record
Food / portion	_____
Carbohydrate / protein / fat, g	_____
Calculated energy, kcal	_____
GI context / meal balance	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Viva Questions and Answers

1. What is the fat energy factor?

About 9 kcal/g.

2. Why record portion mass?

Nutrient totals change with the amount eaten.

3. Does low GI mean nutritionally complete?

No; the overall food and meal composition also matter.

Tobacco-Cessation Counselling

Experiment 24 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To conduct a brief supportive tobacco-cessation role play.

Principle

A brief intervention identifies tobacco use, readiness, support needs and follow-up without judgement.

Key Points

- Ask about smoked and smokeless tobacco, pattern and previous quit attempts.
- Give clear advice to stop and explore the person's own reasons.
- Agree a practical plan, support contact and review; medication suitability is assessed by the qualified service.

Activity Procedure

1. Ask and advise

Discuss use privately and give a clear supportive cessation message.

2. Assess

Explore readiness, triggers and barriers.

3. Assist

Agree a feasible quit plan and connect to the local cessation service.

4. Arrange

Set a review and discuss how to respond to a lapse without blame.

Record and Observations

Field	Activity record
Use / readiness	_____
Reasons / triggers	_____
Plan / service support	_____
Follow-up	_____

Result

Complete the record using your activity, then state the findings, the action required and the reason for that action.

Viva Questions and Answers

1. Why ask about smokeless tobacco?

It is also tobacco exposure and requires cessation support.

2. Why explore triggers?

The plan can address situations linked to use.

3. Is a lapse a reason to stop support?

No; review and adjust the plan.

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