ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

First Aid Knowledge, Attitude and Practice among Kindergarten Teachers of Lideta-Sub-City, Addis Ababa, Ethiopia, 2016

By: Gemechu Ganfure (BSc)

A Thesis Submitted To Addis Ababa University, School of Allied Health Sciences, Department Of Nursing and Midwifery for Partial Fulfilment of the Requirement for Degree of Masters in Advanced Child Health and Pediatric Nursing

May, 2016

Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

First Aid Knowledge, Attitude and Practice among Kindergarten Teachers of Lideta-Sub-City Addis Ababa, Ethiopia, 2016

Advisor: Emebet Birhane (MSc, RN)

May, 2016

Addis Ababa, Ethiopia

ACKNOWLEDGMENT

First and foremost, I would like to thank God for all what miracles he did for me.

Madawalabu University should be thanked for its unreserved support, follow-up and sponsorship.

My especial thanks go to Addis Ababa University for giving me an opportunity to study MSc program in Child Health in Department of nursing and Midwifery.

Next, I would like to forward my deepest appreciation and thanks to my advisor Sr. Emebet Birhane (RN, MSc) for her constructive advice, support, valuable comments and suggestions from the development of research proposal to final write up.

I would like to thank department of nursing and midwifery librarians for providing me to search literatures and to use valuable reference materials.

Supervisors, Data collectors and study participants are to be thanked for their immense cooperation.

Lastly but not the least, my special thanks goes to all my beloved family and best friends for their unreserved assistance, supportive ideas and encouragement.

TABLE OF CONTENT

Contents

List of tables

List of figures

Acronyms

AOR	Adjusted Odds Ratio
COR	Crude Odds Ration
CPR	Cardiopulmonary Resuscitation
KAP	Knowledge, Attitude and Practice
NSW	New South Wales
SPSS	Statistical Packages for the Social Sciences
USA	United States of America
WHO	World Health Organization

Abstract

Background: First aid is the immediate care given to a person who has been injured or suddenly fallen ill. It includes self-help and home care if medical assistance is not available or is delayed. Injuries are very common now a day and can occur at any point of time in day to day life. Among them, injuries in school children rank a major part. This study will contribute to identify the gap on Knowledge, attitude and practice of first aid among kindergarten schools of Lideta Sub City in Addis Ababa, Ethiopia.

Objective: - To assess knowledge, attitude and practice of first aid among kindergarten teachers in Lideta Sub City, Addis Ababa, Ethiopia, 2016.

Method: - A cross-sectional quantitative survey was conducted from February to March 2016 in kindergarten teachers of Lideta Sub City in Addis Ababa City. The study was conducted on 204 samples from 23 selected kindergarten schools.Data was collected by using pretested, structured self-administer questionnaire consisting knowledge, attitude and practice questions.Binary and multiple logistic regression analysis were used using SPSS version 23.

Result: - None of the surveyed employees answered all questions correctly; only 77 (39.7%) individuals achieved mean and above mean for knowledge questions for common injuries. The relative number of correct answers to specific questions ranged from 35.6% to 50.5%. Out of all respondents, 155(79.9%) had faced the child in need of first aid and 139 (89.7%) of them had given first aid for different common injuries. Most employees agreed that giving first aid was helpful and the vast majority felt that it was important and useful for them to learn pediatric first aid. A multiple linear regression analysis showed scores were significantly higher among teachers with service year of more than ten years, those who had received first aid training before and private school teachers.

Conclusion and recommendation: The level of first-aid knowledge among kindergarten teachers in Lideta Sub-City, Addis Ababa was low. There is an urgent need to educate teachers regarding first aid practices and the various risk factors relating to specific injuries.

Key word: first aid, KAP, kindergarten, teachers, Lideta sub city

CHAPTER ONE

INTRODUCTION

1. Background

Accidents can happen anywhere at any time, even though some safety measures still exist. The immediate and appropriate measure taken at the right time can save the life of the victim [1]. This is why it is important to have at least a basic awareness of first aid. First aid is defined as the assessment and interventions that can be performed by a bystander immediately with minimal or no medical equipment [2]. It is a common occurrence that whenever an accident occurs or any person gets injured, people around the casualty usually become panic more than the victim himself. This should not be the case. The first aider should have a positive attitude and be prepared to help the casualty. The first aider should also have the adequate knowledge and skills about what he is doing, and be encouraging and reassuring to the victims [3]. Many experts believe that even a limited understanding of first aid would be an invaluable service to individuals who find themselves in emergency situations [4].

First aid is the immediate care given to victims of accidents before trained medical workers arrive.It includes self-help and home care if medical assistance is not available or is delayed. It also includes well-selected words of encouragement, evidence of willingness to help, and promotion of confidence by demonstration of competence. Its goal is to stop and, if possible, reverse harm. It involves rapid and simple measures such as clearing the air passageway, applying pressure to bleeding wounds or dousing chemical burns to eyes or skin[5].

First aid consists of methods and techniques that enhance practices related to the prevention, the preparedness and the immediate response to health emergencies. First aid can be provided in all the areas like schools, household, workplace, and recreational areas etc. Beyond health matters, first aid knowledge also increases the social responsibility of the society and strengthens values [6].

First aid personnel are persons on the spot, generally workers who are familiar with the specific conditions of work, and who might not be medically qualified but must be trained and prepared to perform very specific tasks. First aid training also provides with knowledge and skill to give life support and other emergency care and also helps you to develop safety awareness and habits that promote safety at home, at work, during recreation, and on the streets and highways [7].

Similarly, while school is being established there must have the following minimum requirements such as one person who is trained first aider and two emergency first aider. Therefore to ensure that suitable and sufficient standard of first aid those persons should present in regular base [8, 9].

WHO technical report series showed that schools had the potential to provide an excellent base for large scale programming and there is a need to strengthen the school as a setting for health intervention. Schools can provide many services to young people, in addition to formal education, such as health education, skill development in the areas such as lifesaving skills. A school is an appropriate setting for the introduction of teaching and training on life saving first aid skills and is often economically efficient and there are possibilities for short term and long term evaluation [10].

According to the National safety council's report, on the location at which injuries occur, it was reported that 57% was school related injuries occurred in the school building, school playground or while going or coming back from the school and only 43% were non-school injuries and occurred either at home or in public places. Immediate medical attention and early medical help is essential to reduce morbidity and mortality associated with such trauma [10].

In America, to ensure the safety and wellbeing of students while they are in school, the students and school personnel are trained to provide first aid and this is the first critical link in the management of trauma (American School Health Association, 2000), each school should have a well-equipped first aid room, a trained first aider available in the first aid room or on call, at least one student from each class trained in first aid. They have also pointed out that their pupils will be an asset to children/school at the time of emergency and there is no substitute for proper training [13].

Our environment is full of accidents, emergency illnesses and other health problems that have different level of severity and magnitude. The problems can be generally classified into two. These are accidents (deliberate and incidental) and emergency illnesses. The consequences of these health problems could end up in physical disability and death. However, the physical disability or death can be significantly reduced and/or prevented by first-aid treatment using locally available materials [12].

Study conducted on different populations including police, ambulance personnel, taxi drivers, bus and auto drivers, primary and middle school teachers and 60% of them had witnessed more than 2 emergencies in the last six months and 55% had actively participated in helping the injured person, mainly by calling for ambulance, transporting the injured and consoling the victim. Accidents mainly occurring in school include convulsive seizures, chemical injuries to the eye, inhaled poison, choking, coughing and falling down [22, 23].

1.2 Statement of the problem

Children spend a significant portion of their day in kindergartens, so paediatric emergencies such as the accidental physical injuries are more likely to occur in those settings. Kindergartens are the best place to give care to those children in absence of mothers (36, 37). Kindergartens teacher has crucial role in caring for children, supervision and prevention of health hazards. They should be well trained on first aid and emergency control to save children lives and the first aider should have adequate knowledge and skills about what is he doing and be encouraging and reassuring to the victims (38, 39, 40).

Injuries are very common now a day and can occur at any point of time in day to day life. Among them, injuries in school children rank a major part. The most frequent causes of school related injuries requiring hospitalization are falls and sports activities. Playground equipment related injuries occur on school playground during school hours and these require adequate supervision [5].

Data from hospital shows that falling is the leading cause of death for students at school with males have higher rates for all ages [18].

In Midwestern, USA one third of the study subjects have no specific training in first aid and most of them strongly agreed that emergency care training is required while deficiencies in recognition and appropriate treatment of student emergencies with 58% average score in emergency care test. Most of public school teachers were deficient in both training and knowledge of emergency care and basic life support modalities [19].

Study showed that most of the teachers do not have correct knowledge and attitude about first aid with 65.1%, 63.5% and 88.5% giving wrong answer for epistaxis, bee stings and abrasion, respectively. The result showed that teachers did not have enough knowledge about first aid [20].In China Shanghai the knowledge level of the teachers toward first aid was low that is only 3.7% of respondents have good knowledge. Majority agreed that giving first aid is helpful and felt that it is important and useful for them to learn paediatric first aid [23].

As study shows the public school teachers' extent of training and knowledge of emergency care is about 1/3rd of the teachers had no specific training in first aid including cardiopulmonary resuscitation [21]. Other studies from North America found that 30% of teachers had no specific training in first aid, and 40% had never been trained in CPR [15]. The study done in Chandigarh and rural Haryana in

India shows First aid training is lacking in teachers, even if many of the injuries occurred during the school time [19].

Most of the accidents requiring first aid in a school situation are minor and subsequently are not brought to the attention of a medical professional. Even the most incidental injury should command the teachers' attention and first aid care. The procedures involved in the first aid cannot be acquired completely from a text book alone and it must be practised over a period of time until the first aider can perform the procedure correctly. First aid courses provide opportunities to practice, acquire proper skills in procedures and to complete first aid for emergencies. Hence each teacher should be trained to render first aid care, so that when any emergencies arrive he or she will be competent in their ability to deal with the situation [14].

Despite the accidents are common in school children, previous studies show that the knowledge, attitude and practice of first aid are low. Also, the investigator got that the study done on the KAP of First Aid in kindergarten teachers in the study area is not available.

1.3 Significance of the study

Since the study focuses on teachers' knowledge, attitude and practice of first aid at kindergartens the result will help as baseline information for:

- The school by assessing the KAP of the teacher toward first aid
- The teachers will be able to know their KAP status and to put their effort on it
- The kids also will be benefited while their teachers identify the gap on KAP and attempt to improve it
- Ministry of Education also will able to use the result to plan appropriate interventions
- Other policy maker also can use it to generate a new policy on it
- Researchers will use it as baseline data while they want to do further studies on it.

CHAPTER TWO

1.2 LITERATURE REVIEW

A review of literature on the research topic makes the researcher familiar with the existing studies and provides information which helps to focus on a particular problem, lays a foundation upon which to base new knowledge. It creates accurate picture of the information found on the subjects [17].

Knowledge of Kindergarten teachers towards first aid

Teachers in five primary schools were surveyed for their knowledge about epilepsy. An analysis of 113 teacher responses revealed knowledge deficits. Misconceptions regarding first aid were also common. Few teachers had not attended any educational programme on epilepsy. Only about one-fifth of the teachers were confident in dealing with an epileptic child [14].

A descriptive study was conducted in Midwestern states, USA to determine the extent of training and emergency care knowledge of public school teachers. A secondary purpose was to assess the frequency of injury and illness in the school setting requiring the teacher to first respond. Out of 334 teachers who had no prior knowledge of the test, One third of them had no specific training in first aid.. The average score for all respondents on the emergency care test was 58%. Significant deficiencies were noted for recognition and appropriate treatment of student emergencies. It was concluded that most of the public school teachers in this study were deficient in both training and knowledge of emergency care and basic life support modalities [19].

A descriptive study was conducted to determine the knowledge of a sample of Turkish teachers regarding the administration of first aid. 312 teachers took part in this study and data were obtained using a questionnaire. It included 30 questions that help identify the teachers and determine their knowledge and attitudes about first aid. In this study it was determined that most of the teachers do not have correct knowledge about first aid. It was found that as the age of the teachers increases, appropriate first aid practice becomes more and more unlikely. The results of this study showed that teachers did not have enough knowledge about first aid [20].

A descriptive study was conducted to assess the level of knowledge of primary school teachers in Ajman with regards to the immediate emergency management of dental trauma. It was done by means of self-administered structured questionnaire which was sent to teachers in randomly selected primary schools in Ajman. A total of 161 teachers responded. Among 138 respondents gave the appropriate management for fractured tooth. Most teachers were unsatisfied with their level of knowledge for

dental trauma and the majority were interested in having further education on the topic. The findings revealed that the level of knowledge of management of dental trauma among school teachers in Ajman is inadequate, and education campaigns are necessary to improve their emergency management of dental injuries [16].

A cross-sectional study was carried out among the staff members at selected preschools of Shanghai, China. Data were obtained using a multiple-choice questionnaire. None of the surveyed employees answered all questions correctly; only 39 individuals (3.7%) achieved passing scores. In particular, subjects lacked knowledge regarding first aid for convulsive seizures (only 16.5% answered correctly), chemical injuries to the eye (23%), inhaled poison (27.6%), and choking and coughing (30.1%). A multiple linear regression analysis showed scores were significantly higher among staff members with more education, those who had received first aid training before or were already healthcare providers, younger employees, and staff members from rural districts. It showed that level of first-aid knowledge among preschool staffs in Shanghai was low [23].

The study was done in Brazil to assess the knowledge of 89 teachers about dental trauma. A questionnaire divided into three parts containing questions about the emergency procedures in cases of dental trauma was applied. Only 13% of teachers would replant the tooth in the socket, and only 7% said they would put the tooth in some liquid and 58% would store in a piece of paper, cloth or clean container. In relation to replantation, 75% reported that they would hold the tooth by the crown, 79% reported that first they would refer to the dentist, and 80% thought that the treatment had to be immediate. With regard to tooth preparation, 46% would keep it in saline, 24% in water, and only 11% in milk. Concerning to the avulsed tooth, only 15% correctly answered that they would replant the avulsed tooth and then referred to the dentist [24].

In the study done to evaluate the effectiveness of health educational program on the paediatric first aid knowledge among kindergarten teachers at Port Said, the sample is convenience type and included 50 governorate kindergarten teachers. Data were collected using questionnaire to test teacher's knowledge concerning first aid. The study results revealed that the mean of the knowledge of participants was 22.2± 5.0.

A prospective intervention study conducted with 1000 teachers (500 urban, 500 rural) randomly selected from the entire government and private, primary (elementary) as well as secondary (high) schools of Nellore district of Andhra Pradesh, India. Study was carried out in three phases and was completed over a period of 9 months. The teachers’ overall knowledge with respect to the emergency

management of the traumatic injuries was deficient and significant differences were found in the knowledge of teachers before and after the informative promotion. Informative promotion programs to improve the knowledge and awareness of this group of community, who are generally the first line of assistance in case of dental trauma in schools, are mandatory [26].

The study was conducted to assess the knowledge level of Emergency measures for tooth avulsion in Kuwaiti intermediate school teachers and to determine if a short lecture about tooth avulsion and replantation could improve teachers' knowledge on this topic. Eighty-five teachers at two intermediate schools (children 10–14 years old) in Kuwait were interviewed using a questionnaire about their first-aid knowledge. An informative 30-min lecture about tooth avulsion and replantation was presented to a group of 43 teachers. After the lecture, the knowledge level of the teachers was re-tested using the same method. Improvement in teacher knowledge to an adequate (score of 2) or complete (score of 3) level was observed after the lecture in all five categories. The general knowledge of tooth avulsion and replantation improved from 39% to 97% and knowledge of avulsed permanent and primary teeth from 8% to 71%. Knowledge of how to clean an avulsed tooth improved from 5% to 93%. Many avulsed permanent teeth in school children can be saved by replantation if school teachers learn what to do when a tooth is avulsed. A lecture followed by discussion proved to be an effective and efficient method of intervention to enhance the knowledge level of teachers so that proper dental first-aid procedures can be achieved [27].

A study was conducted among the primary school teachers of Dehradun district of Uttarakhand, India. Fifty primary school teachers were selected by non-probability convenient sampling. Data were collected by knowledge questionnaire (maximum possible score 42). Majority (94%) of the teachers were female. The result showed that the mean score of the knowledge of first aid was 27.32 ± 5.73. Findings stress the need for such training programs, which in turn may enhance the overall health standard of the children [28].

People aged 16 years or older were interviewed as part of the 2007 New South Wales Population Health Survey, a continuous telephone survey of NSW residents. Main outcome measure: Weighted proportion of the population with optimal first aid knowledge for burns. In total, 7320 respondents were asked questions related to burn injuries and first aid. Of the surveyed population, 82% reported that they would cool a burn with water, and 9% reported that they would cool the burn for the recommended 20 minutes. Few respondents reported that they would remove the patient's clothing and keep the injured person warm. The most common sources of first aid information were a first aid book (42%) and the internet (33%). Speaking a language other than English at home, and being over

65 years of age were associated with a lack of first aid knowledge. A minority of people living in NSW know the optimal time for cooling a burn injury and other appropriate first aid steps for burns. This study demonstrates a gap in the public's knowledge, especially among non-English speaking people and older people, and highlights the need for a clear, consistent first aid message [29].

The study done on 131 Physical Education teachers in Chennai, India to evaluate their knowledge regarding tooth avulsion and its emergency management using self-administered questionnaire only 15.3% had a previous experience of avulsed tooth in child, 64.1% of them knew the need for immediate emergency management. The study showed lack of knowledge regarding tooth avulsion and its emergency management among physical education teachers and recommended educational programmes are necessary to improve their level of knowledge [30].

A cross sectional study was conducted in 32 public kindergartens preschool teachers in Brazil, to characterize their knowledge and behaviours about trauma to primary teeth and the relation to educational level, work experience, experience with dental trauma and first aid training. Of the 213 teachers, 93.9% had no knowledge about dental trauma. Only 23% of the professionals had received any first aid training and 16.3%of these had touched on the topic of dental trauma. No relationship was observed between professional experience and first aid training and the behaviour of preschool teachers faced with dental trauma. In terms of educational level there was relationship only with respect to seek treatment ($p=0.02$). Comparisons between dental trauma experience and the behaviour of the preschool teachers was significant to procedures for primary tooth fracture ($p=0.02$). The knowledge of this group of preschool teachers is not adequate and this lack of preparation prevents the correct procedures from being followed when an accident occurs, thus leaving the management of such accidents to be guided by beliefs [31].

Study was conducted in Afyonkarahisar province, Turkey on preschool teachers working in school district. The written questionnaire was formed with 34 questions. These multiple choice questions, varied from demographic to first aid and basic life support, aimed on testing the knowledge of the employees on related topics. All 118 participants answered the questionnaire. The mean age of the sample population was 27.7±/9.1 years and 111 (94.1%) participants was female. 61.9% of participants stated that they have previously taken the first aid education with 54.2% of mentioning that it was theoretical one. Besides, 84.7% of participants felt being inadequate in first aid and 85.6% of them made inquiry to have the first aid education. The mean score of achievement for the participants in first aid and basic life support is found to be 48.9. The study recommends that, as the

preschool education is wide spreading, participating people in this field should have urgent, true and repetitive training on the first aid providing [32].

In the longitudinal cohort study done to assess the effects of paediatrics first aid training among teachers in China, 1067 people responded pre-test with a mean of 21.0 correct answers to 37 questions, whereas in the post-test period, the mean score increased to 32.2 correct answers of 37 questions. At the 4-year mark, the majority of preschool staff (>70%) had administered correct first aid for injuries. The mean score of the subjects' emotions in the post-test period increased to 81. This study demonstrated that the acquisition of knowledge, both short and long term, significantly improves [34].

Practice of Kindergarten teachers towards first aid

Cross sectional descriptive study was conducted in the southern district of Tumkur in India within three months from January to March 2011 and covered the population including all police, ambulance personnel, taxi drivers, bus and auto drivers, and primary and middle school teachers within the study area. Nearly 60% of the responders had witnessed more than two emergencies in the previous six months and 55% had actively participated in helping the injured person. The nature of the help was mainly by calling for an ambulance (41.5%), transporting the injured (19.7%) and consoling the victim (14.9%). Majority (78.1%) of the responders informed that they had run to the victim (42.4%) or had called for an ambulance. The predominant reason for not providing help was often the 'fear of legal complications' (30%) that would follow later. Significant number (81.4%) of respondents reported that they did not have adequate skills to manage an emergency and were willing to acquire knowledge and skills in first aid to help victims. Regular and periodical community-based first aid training programs for first care responders will help to provide care and improve outcomes for injured persons [22].

In the study done to evaluate the effectiveness of health educational program on the paediatric first aid practice among kindergarten teachers at Port Said, an intervention study, the sample is convenience type and included 50 governorate kindergarten teachers. The study was observational to assess their practice towards first aid of common emergency problems as wounds, fractures, epistaxis, chocking and burns. The study results revealed that high significant improvement practice of the studied group in the post and follow up intervention in comparison to pre intervention. Also, the total practice was improved in post and follow up intervention compared to pre intervention as cleared by mean and SD of 17.4 ± 6.6, 16.1 ± 7.8 and 9.2 ± 5.1 respectively [25].

A study with one group pre- and post-test research design was conducted among the primary school teachers of Dehradun district of Uttarakhand, India. Fifty primary school teachers were selected by non-probability convenient sampling. Data were collected by self-reporting checklist (maximum possible score 23). Majority (94%) of the teachers were female. Paired sample t-test revealed that the mean post-test knowledge score regarding first aid management of selected minor injuries was significantly higher (34.76 ± 4.35) than that of mean pre-test knowledge score (27.32 ± 5.73) ($P < 0.005$);There was a significant positive correlation between knowledge score and practice score of participants ($r = 0.9$; $P < 0.001$). This concludes that the training program was effective in significant improvement of practice score regarding first aid management of selected minor injuries among study participants. Findings stress the need for such training programs, which in turn may enhance the overall health standard of the children [28].

In the study conducted on 269 teachers of twenty randomly selected primary schools of Ahvaz, Iran, asked to fill out the self-report questionnaires for data collection. 41.6% male and 58.4% female answered the questionnaire. The results showed that 15.2 % of the teachers had an experience of avulsed tooth at school, all of them knew the importance of emergency management and 36.4% would look for a dentist for treatment of the cases. Only 6.3% re-implanted the tooth themselves. Regarding the storage media, 6.7% would keep the avulsed tooth in milk. There was no significant difference between gender and education level ($P > 0.05$). The results of the current study showed that school teachers' lacked knowledge regarding dental trauma and especially tooth avulsion [33].

According to cross sectional study done on 262 randomly selected teachers of Mysore schools on practice of first aid using self-administered questionnaire, overall practice regarding first aid was found to be poor [35].

Attitude of Kindergarten teachers towards first aid

In Midwestern, USA, even though one third of the study subjects have no specific training in first aid, most of them strongly agreed that emergency care training is required while deficiencies in recognition and appropriate treatment of student emergencies. Most of public school teachers were deficient in both training and knowledge of emergency care and basic life support modalities [19].

Teachers in five primary schools were surveyed for their attitudes about epilepsy. An analysis of 113 teacher responses revealed misconceptions regarding first aid were common. Few teachers had not

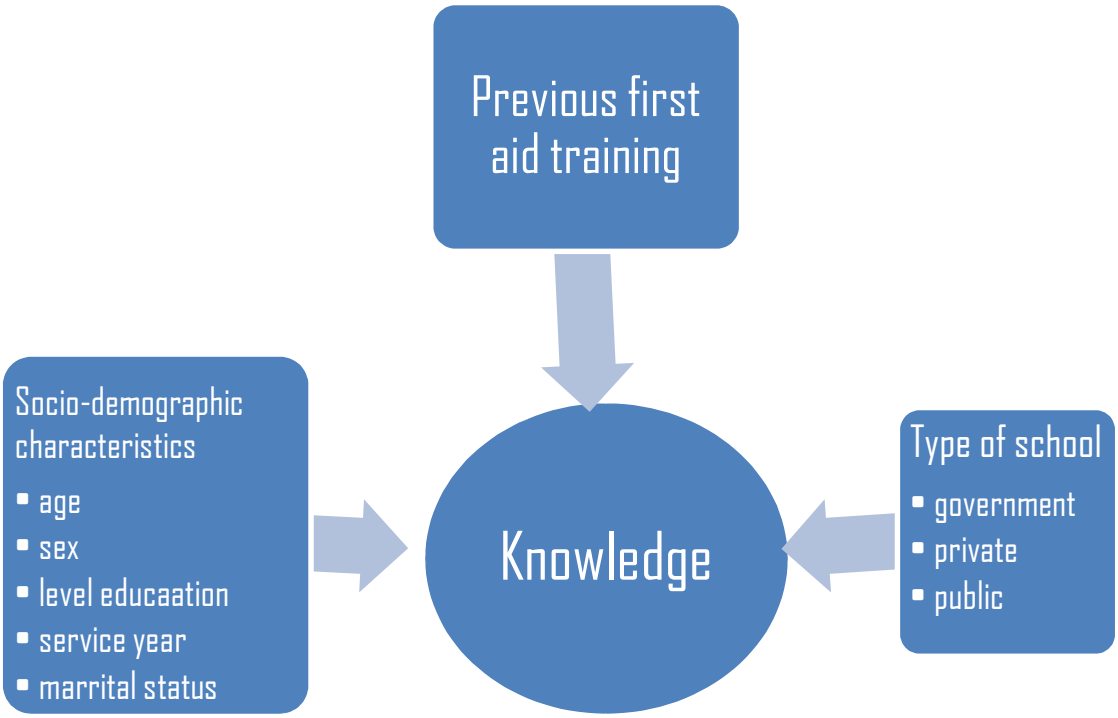
attended any educational programme on epilepsy. Only about one-fifth of the teachers were confident in dealing with an epileptic child [14].

A descriptive study was conducted in Midwestern states, USA and Most of the respondents strongly agreed that emergency care training should be required in teacher preparation programs. Significant deficiencies were noted for recognition and appropriate treatment of student emergencies. It was concluded that most of the public school teachers in this study were deficient in both training and knowledge of emergency care and basic life support modalities [19].

A cross-sectional study was carried out among the staff members at selected preschools of Shanghai, China. Most employees agreed that giving first aid was helpful; the vast majority felt that it was important and useful for them to learn pediatric first aid [23].

Study was conducted in Afyonkarahisar province, Turkey on preschool teachers working in school district. the educators of preschool in the study are interested in getting proper trainingthe first aid and basic life support providing,. The study recommends that, as the preschool education is wide spreading, participating people in this field should have urgent, true and repetitive training on the first aid providing [32].

According to cross sectional study done on 262 randomly selected teachers of Mysore schools on perception of first aid using self-administered questionnaire, overall perception regarding first aid was found to be poor [35].


Previous first aid training
Socio-demographic characteristics
age
sex
level educaation
service year
marrital status
Knowledge
Type of school
government
private
public

CHAPTER THREE

OBJECTIVE

3.1 General Objective

- To assess knowledge, attitude and practice towards first aid among kindergarten teachers in Lideta Sub City, Addis Ababa, Ethiopia, 2016.

1.2 Specific objectives

- To assess knowledge level of kindergarten teachers towards first aid.
- To determine the attitude of kindergarten teachers towards first aid
- To identify scope of practice of first aid among kindergarten teachers
- To determine factors affecting knowledge of kindergarten teachers towards first aid

CHAPTER FOUR

METHODS

4.1 Study area

The study was conducted in Lideta Sub City, Addis Ababa, Ethiopia. The city occupies a total area of 540 Sq.Km^2 which comprises 10 Sub-cities in which Lideta is one of the sub cities which encompasses 10 districts. According to the National population and Housing Census of Ethiopia projection figures in 2011, the total population of Addis Ababa city is 2,980,001 with a male to female ratio of 47.64% to 52.36% (45). Under Addis Ababa city Administration of Education, there are 1108 kindergartens among these 38 were located in Lideta Sub city. In Lideta Sub City 10 were owned by government, 6 were owned by Public and 22 private and others and employing 351 females and 8 male teachers.

4.2 Study Design and Period

Institution based cross sectional quantitative study design was employed. The study was conducted in Lideta Sub City, Addis Ababa, Ethiopia from February to March 2016.

4.3 Population

4.3.1 Source Population

All kindergarten teachers in Lideta Sub City, Addis Ababa, Ethiopia

4.3.2 Study population

All teachers working in selected kindergartens in Lideta Sub City, Addis Ababa, Ethiopia.

4.4 Inclusion and exclusion criteria

Inclusion criteria

All teachers who were working in selected kindergartens in Lideta Sub City, Addis Ababa, and had willingness to participate in the study.

Exclusion criteria

Kindergarten teachers those who were sick and on annual leave during data collection and unable to participate.

4.5 Sample size determination and sampling procedure

Sample size was determined using the formula for single population proportion based on the following assumptions.

$$n = \frac{(Z\alpha/2)^2 \; p(1-p)}{d^2}$$

Where: n= is the size of the sample

$Z\alpha/_2$= is the standard normal value corresponding to the desired level of confidence

d=error of precision

P=is the estimated proportion of an attribute

Assumptions

1. Prevalence of KAP of first aid 50%, since similar study conducted on the same topic in the study setting is not available, 50% of population proportion is considered.
2. Margin of error d= 5% is accepted
3. A confidence interval of 95% is assumed (Zα/2=1.96).

$$n = \frac{(1.96)^2 \; 0.5(1-0.5)}{(0.05)^2} = 384$$

Based on the above calculation the largest sample size (384) was taken and finite population correction formula was applied since N is less than 10,000 (359)

$nf = n/(1 + n/N)$ =185.5~**186**

The calculated final sample size is 186 plus a non-response rate of 10%= **204**

4.6 Sampling procedure

Among 38 kindergartens in Lideta Sub city, 23 were selected by taking 60% of total schools to meet sample size. Then the schools were stratified according to their type i.e. government, private e and public, and number of schools were allocated proportionally. Finally, Cluster sampling method was used to collect information from all teachers in randomly selected schools.

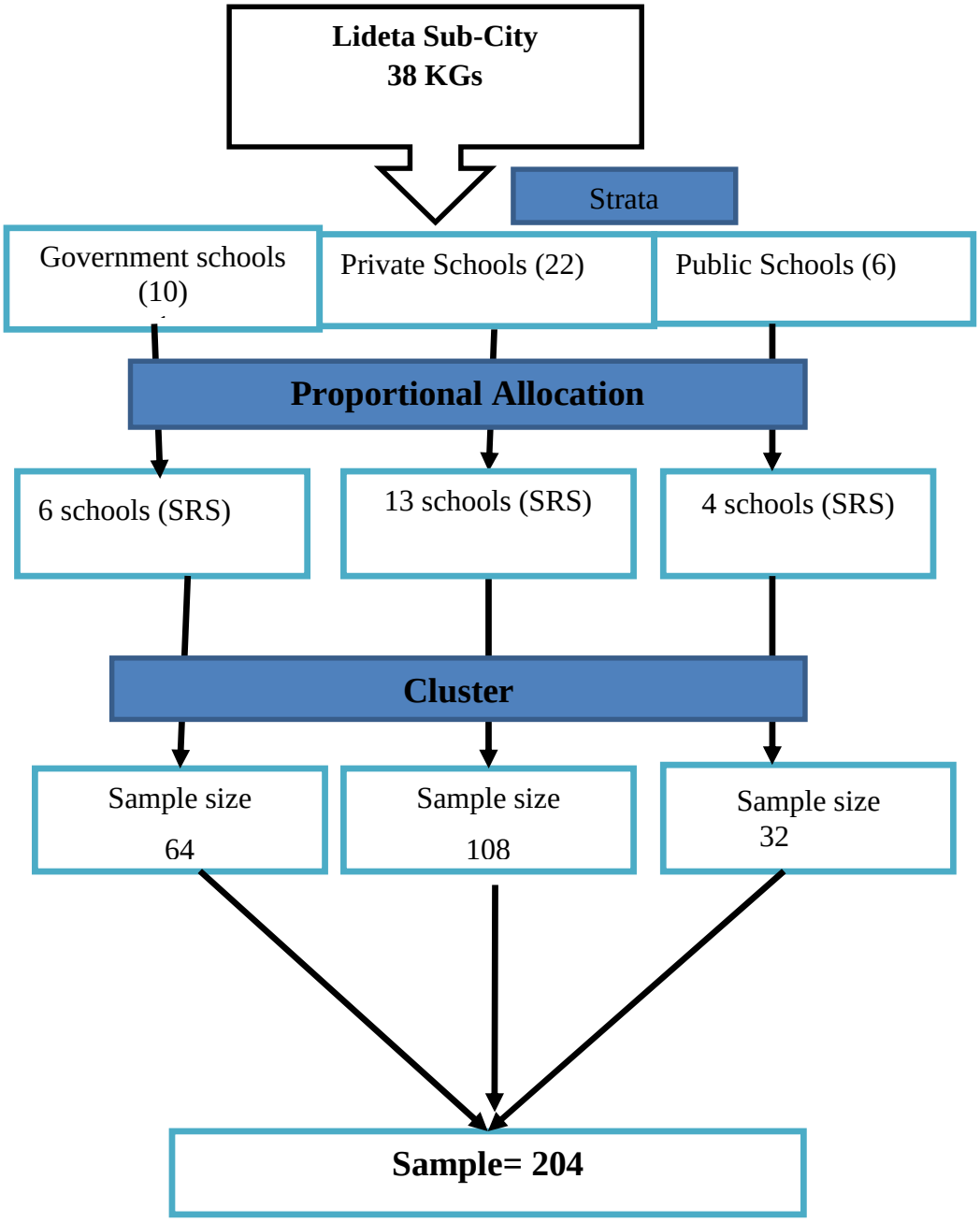


Figure 2: Schematic presentation of Sampling Procedure

Table 1: Name of selected schools and their number of teachers in Lideta Sub-City, Addis Ababa, Ethiopia, 2016.

S.No	School Name	Type Of School	Number Of Teachers
1.	Firehiwot	Government	8
2.	Tesfa Kokeb	Government	12
3.	Gola Birhan	Government	9
4.	Idget Besra	Government	11
5.	Karamara	Government	14
6.	Abdissa Aga	Government	10
7.	Tsinat academy	Private	7
8.	Hilltops	Private	5
9.	Ethio-canada	Private	9
10.	Britanica	Private	10
11.	L home of Kids	Private	7
12.	School of Americana	Private	14
13.	Ruhama	Private	6
14.	Yesmama	Private	8
15.	Lideta	Private	6
16.	Millinia	Private	12
17.	True hopes	Private	6
18.	Bilal Academy	Private	7
19.	Brilliance	Private	11
20.	Oxfam	Public	6
21.	Abadir	Public	9
22.	Kebele 04/06	Public	7
23.	Kebele 37	Public	10

4.7 Data collection methods

4.7.1 Data collection tool

Data was collected by using pretested, structured self-administer questionnaire which consists of socio-demographic information, knowledge questions which consists of 12 questions and adopted and modified from American Academy of Pediatrics [42,43], Attitude consisting 6 questions (23) and Practice of kindergarten teachers on first aid. The questionnaire was prepared by English version and translated to Amharic language.

4.7.2 Data collection procedure

Data collectors were five diploma nurses with two BSc supervisors. Training was given for one day on clarification of some terms and assessment tools, aim of the study, concerning need for strict confidentiality of respondents information, time of data collection, timely collection and reorganization of the collected data from respective kindergartens and submission on due time. The questionnaire was filled by kindergarten teachers. Data was collected for approximately 15 days including training and pretest, facilitated by data collection facilitators and supervisors.

4.8 Variables

Dependent variables

- Knowledge
- Attitude
- Practice

Independent variables

- Socio-demographic characteristics
    - Age
    - Sex
    - Marital status
    - Level of education
    - Service year
- Type of school
- Previous first aid training

4.9 Operational Definitions

Knowledgeable: - Participant who has scored mean and above mean for knowledge questions.

Not knowledgeable: - Participant who has scored below mean for knowledge questions.

Positive attitude: - kindergarten teachers those responded correctly mean and above mean for attitude questions.

Negative attitude: - kindergarten teachers those responded correctly below mean for attitude questions.

Practice of first aid: in this study practice is the self-reported activities for emergency cases by kindergarten teachers.

First aid: help given to a sick or injured person until full medical treatment is available.

Kindergarten: pre-primary school where children those who are not old enough for primary school attend the class.

4.10 Data quality management

Data quality was ensured during collection, coding, entry and analysis. Before actual data collection, pretest was done on 5% of similar population out of study area in Kirkos Sub-city. During data collection, adequate training and follow up was provided to data collectors and supervisors. Supervision of data collectors included observation on how the data collectors are administering questions. Codes was given to the questionnaires during the data collection so that any identified errors were traced back using the codes. The filled questionnaires were checked for completeness by data collectors, supervisors and PI on a daily basis. Consequently, any problem encountered was discussed among the survey team and was solved immediately. Data first was checked manually for completeness then coded and entered into Epi-Data version 3.1 statistical software and cleaned thoroughly before transferred to SPSS version 23 for further analysis.

4.11 Data Processing and analysis plan

The collected data was checked for its completeness, consistency and accuracy before analysis. Data was coded, entered and cleaned using Epi-data 3.1 and exported to SPSS 23 for analysis. It was processed and analyzed by using descriptive statistics like percentage, and frequency. Result was presented by text, table, pie chart and histogram. Bivariate and Multivariate logistic regression analysis were conducted to identify factors affecting the knowledge of kindergarten teachers on first aid. Variables reaching $p<0.05$ at bivariate analysis level were considered further for multiple logistic regression analysis. The statistical significance was declared at $p<0.05$ with 95% confidence level.

4.12 Ethical Consideration

Ethical clearance was obtained from Addis Ababa University, College of Health Science, School Of Allied Health Sciences, Department Of Nursing And Midwifery, Research Review Board Committee and official letter was written to Addis Ababa City Education bureau, permission was obtained from Lideta Sub City education bureau. Informed consent was obtained from respondents who were participated in the study. In addition, all the responses were kept confidential and anonymous by assuring that any information was never be passed to any individual or institution without their agreement and participant was not compel to the study.

4.13 Dissemination of the result plan

The results of this study will be disseminated or communicated to University of Addis Ababa College of Health Science school of Allied Health science Department of Nursing and Midwifery, Lideta Sub City Education Bureau, Addis Ababa Education Bureau, Federal Ministry of Education, Ministry of Health, Regional health bureau, local institutions and other concerned bodies through publication on an appropriate journal. Effort will be made to present on professional association meetings.

CHAPTER FIVE

RESULTS

5.1 Socio-demographic characteristics of respondents

Table 2: Socio-demographic characteristics of kindergarten teachers in Lideta sub-city, Addis Ababa, 2016

Variable	**frequency**	**Percent**
Sex n=194		
Male	1	.5
Female	193	99.5
Age n=194	**frequency**	**Percent**
20-24	53	27.3
25-29	56	28.9
30-34	45	23.2
>35	40	20.6
Level education n=194	**frequency**	**Percent**
Certificate	126	64.9
Diploma	44	22.7
Degree	24	12.4
Service year		
<5	96	49.5
5-10	72	37.1
>10	26	13.4
Marital status n=194	**frequency**	**Percent**
Married	113	58.2
Unmarried	66	34.0
Divorced	12	6.2
Widowed	3	1.5
Type of school n=194	**frequency**	**Percent**
Government	56	28.9
Private	106	54.6
Public	28	14.4
Others	4	2.1
Previous training first aid n=194	**frequency**	**Percent**
Yes	60	30.9
No	134	69.1

A total of 194 respondents were interviewed with a response rate of 95%. The majority of study participants 193 (99.5%) were females. Fifty-six (28.9%) of study participants fall in the age group of 25-29. Fifty three (27.3%) and forty five (23.2%) fall in the age group of 20-24 and 30-34, respectively. The mean age of respondents was 29.3 (±6.5)years with the minimum age of 20 years and 54 the maximum.

Among surveyed respondents, 113 (58.2%) were married and 66 (34.0%) were singles. The study has analyzed the maximum qualification of academic staffs. Thus, 126 (64.9%) with Certificate, 44 (22.7%) hold Diploma and 24 (12.4%) hold Bachelor Degree. Regarding the service experience of Kindergarten teachers 96 (49.5%) had served for less than five years; 72 (37.1%) for five to ten years, while others had served for ten or more years (26 (13.4%)).

Hundred six (54.6%), 56 (28.9%) and 28 (14.4%) of respondents were from government, private and public school, respectively. Out of 194 respondents, only 60 (30.9%) had previous first aid training.

5.2 Knowledge of Kindergarten teachers on first aid

All respondents had ever heard the word first aid. One Hundred three (53.1%), 43(22.2%) and 28 (14.4%) had heard about first aid from health professional, media and health institution, respectively, while other sources of information were family and books with 18 (9.3%) and 9 (4.6%). Among the study participants majority of respondents, 167 (86.1%) 130 (67.0%), 108 (55.7%), 112 (57.7%) reported that bleeding, epistaxis, choking and epilepsy need first aid, respectively.

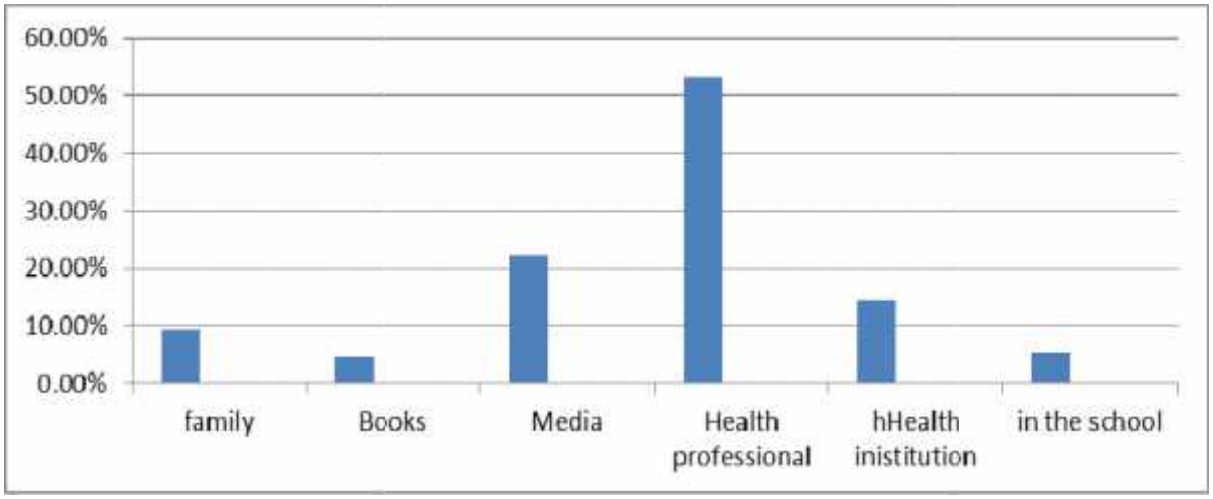


Figure 3**: Source of information for first aid of kindergarten teachers in Lideta Sub-City, Addis Ababa**

Table 3: Respondents' response for cases requiring first aid in Lideta Sub-City, Addis Ababa, 2016

Need first aid n=194	Frequency	Percent
Bleeding	167	86.1
Fracture	51	26.3
Epilepsy	108	55.7
Human/animal bite	64	33.0
Burning	76	39.2
Nose bleeding	130	67.0
Choking	112	57.7
Neck and back injury	41	21.1
Fainting	97	50.0
Swallowed poison	86	44.3
Breathing difficulty	54	27.8

Out of all respondents 77 (39.7%) scored above mean for knowledge question which is considered as more than half participants had no adequate knowledge. In particular, subjects lacked knowledge regarding first aid for epilepsy (only 35.6% answered correctly), choking (37.6%), nosebleed (38.7%), and back and neck injury (42.3%).

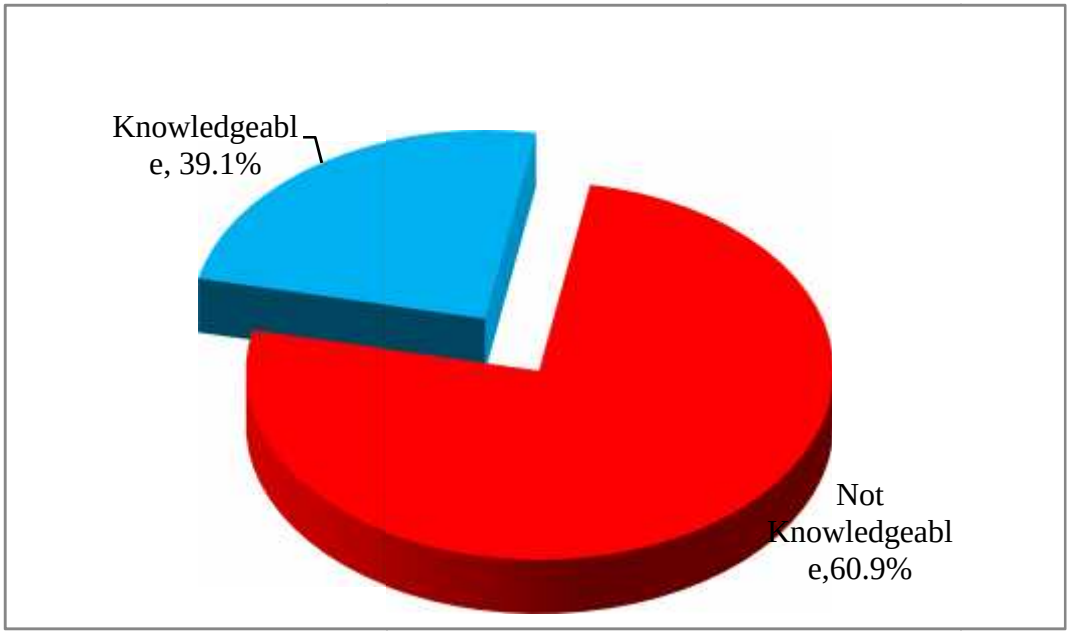


Figure 4**:** Knowledge frequency of kindergarten teacher on first aid of Lideta Sub-City, Addis Ababa, 2016

Table 4:Respondents' answers frequency and Percent for specific questions for knowledge assessment in Lideta Sub-City, Addis Ababa, 2016

Questions	Yes		No	
	Frequency	Percent	Frequency	Percent
First aid measure to stop bleeding from the body	82	42.3	112	57.7
First aid measures for fainting child	71	36.6	123	63.4
First aid measures for epileptic child	69	35.6	125	64.4
First aid measure for choking child	73	37.6	121	62.4
First aid Measure of for child with neck and back injury	82	42.3	112	57.7
First aid Measure for human bite	70	36.1	124	63.9
First aid measures for nose bleed/epistaxis	75	38.7	119	61.3
First aid measure for the child with difficulty of breathing	98	50.5	96	49.5

5.3 Practice of kindergarten teachers on first aid

Out of all respondents, 155(79.9%) had faced the child in need of first aid. From the respondents those had ever faced child in need of first aid, 139 (89.7%) of them had given first aid. From respondents those had faced a child in need of first aid, twenty three (14.8%) of respondents faced a child with difficulty of breathing. Out of twenty three who faced child with breathing difficulty, 21 (91.3%) replied that they encourage the child to calm down and sit quietly and 16 (69.6%) contacted responsible school authority and parent, while 6(26.1%) and 4 (17.4%) told the child to breathe slowly and deeply and called ambulance, respectively. About 44(28.4) had faced child with fainting. Thirty-one (70.5%), 28 (63.6%), 25 (56.8%), 24 (54.5%) of respondents kept the child on the flat position, contacted responsible body, had given nothing by mouth and loosen clothing around the neck and waist, respectively.

One Hundred thirty (83.9%) participants faced child with epistaxis (nose bleed). Eighty-four (64.6%) and 78 (60.0%) applied uninterrupted pressure by pressing nostrils together and placed student sitting comfortably with slightly forward, respectively. Seventy-two (46.5%) of respondents faced a child with bleeding on the body. Out of this 47 (65.3%), 42 (58.3%) and 33 (45.8%) pressed firmly with clean bandage to stop bleeding, bandaged bleeding wound without interfering circulation and contacted responsible school authority and parent, respectively. About 41 (26.5%) respondents faced a child with epilepsy. Twenty-six (63.4%), 21 (51.2%) and 14 (34.1%) had moved surrounding objects, avoided giving any drink/food by mouth and left the child for free movement as a first aid measure for epilepsy.

About 44 (28.4%) of respondents faced a child with choking. Thirty-six (82.0%) stood behind the child encircling the child's chest by hands and squeezed and 34 (77.3%) called ambulance. Twelve (7.7%) of respondents faced a child with neck and back injury and almost all respondents (100%) of them avoided head and neck movement and kept body straight while 10 (83.3%), 9 (75%) and 3 (25%) of them contacted responsible school authority and parent, checked child's position and called ambulance, respectively.

Table 5: Frequency and Percent of practice of kindergarten teachers on first aid in Lideta Sub-City, Addis Ababa, 2016

Faced a child with in need of first aid n=194	**frequency**	**Percent**
Yes	155	79.9
No	39	20.1
Total	194	100.0
Given first aid n=155	**frequency**	**Percent**
Yes	139	89.7
No	16	10.3
Total	155	100.0
Child with difficulty of breathing n=23	**frequency**	**Percent**
Called ambulance	4	17.4
Encouraged the student to sit quietly	21	91.3
Breathe slowly and deeply	6	26.1
Contacted responsible school authority and parent	16	69.6

Child with fainting n= 44	**frequency**	**Percent**
Called EMS/Ambulance	5	11.4
Kept student on flat position	31	70.5
Loosen clothing around the neck and waist	24	54.5
Kept air way clear and monitored breathing	5	11.4
Gave nothing by mouth	25	56.8
Contacted responsible school authority and parent	28	63.6
Nose bleeding/epistaxis n=130	**frequency**	**Percent**
Called EMS/Ambulance	7	5.4
Placed student sitting comfortably with slightly forward	78	60.0
Laid on side with head raised on pillow	12	9.2
Applied uninterrupted pressure by pressing nostrils together	84	64.6
Applied ice to nose	24	18.5
Contacted responsible school authority and parent	33	25.4
Bleeding on child's body n=72	**frequency**	**Percent**
Called EMS/Ambulance	4	5.6
Pressed firmly with clean bandage to stop bleeding	47	65.3
Elevated bleeding body part gently	12	16.7
Bandaged bleeding wound without interfering circulation	42	58.3
Covered student with blanket	6	8.7
Contacted responsible school authority and parent	33	45.8
Child with seizure/epilepsy n= 41	**frequency**	**Percent**
Called EMS/Ambulance	4	9.8
Left the child for free movement	14	34.1
Moved surrounding objects to avoid injury	26	63.4
Avoided giving any drink/food by mouth	21	51.2
Kept air way clear by placing the child on the side	17	41.5
Contacted responsible school authority and parent	20	48.8
Child with chocking n=44	**frequency**	**Percent**
Called EMS/Ambulance	36	82.0
Checked for choking	18	43.9
Stood behind the child encircling the child's chest		

by hands and squeezed	34	77.3
Continued until the object expelled	11	25.0
Contacted responsible school authority and parent	6	14.3
Child with injured neck and back n=12	**frequency**	**Percent**
Called EMS/ambulance	3	25.0
Checked child's position immediately	9	75.0
Laid the child and restrict moving unless harm exacerbated if the students stayed there	3	25.0
Avoided head and neck movement and kept body straight	12	100.0
Contacted responsible school authority and parent	10	83.3

5.4 Attitude of kindergarten teachers towards first aid

Above half of the respondents (62.9%) felt good attitude towards giving and learning first aid. Most of the respondents (88.1%) strongly agreed that giving first aid is fair and few respondents (6.7%) strongly agreed that giving first aid is unpleasant. Eighty-eight Percent of respondents strongly agreed that it is useful to learn first aid for them.

Table 6: Frequency and Percent of respondents' response for attitude questions in Lideta Sub-City, Addis, Ababa, 2016

Attitudes towards Giving First Aid	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
	N/%	**N/%**	**N/%**	**N/%**
Giving first aid at school is fair	171(88.1)	22(11.3)	1(0.5)	0
Giving first aid at school is unpleasant	13(6.7)	7(3.6)	74(38.1)	100(51.
Giving first aid is very good	154(79.4)	40(20.6)	0	0
Attitudes towards learning first aid				
It is good for me to learn first aid	165(85.1)	27(13.9)	2(1)	0
It is useful for me to learn first aid	171(88.1)	22(11.3)	1(0.5)	0
It is important for me to learn first aid	163(84.0)	28(14.4)	3(1.5)	0

5.5 Factors affecting knowledge of kindergarten teachers about first aid

Binary and multiple logistic regression analysis were done to analyze factors associated with knowledge of first aid. On the binary logistic regression analysis, age, service year, level of education, type of school and previous first aid training were all associated with knowledge of first aid. On multiple logistic regressions, only service year, type of school and previous first aid training were found to have significant association with knowledge of first aid at 95% CI with P-value of <0.05.

Table 7: Binary and multiple logistic regression analysis of selected factors affecting knowledge of first aid among kindergarten teachers in Lideta Sub-City, Addis Ababa, 2016

Variables	Knowledge		COR (95% CI)	AOR (95% CI)
	Knowledgeable	not knowledgeable		
Age				
20-24	17(32.1%)	36(67.9%)	1	1
25-29	26(51.8%)	27(48.2%)	2.275(1.043, 4.959)*	2.021(0.648, 6.298)
30-34	16(35.6)	29(64.4%)	1.168(0.505, 2.706)	0.279(0.071, 1.101)
≥ 35	15(37.5%)	25(62.5%)	1.271(0.537, 3.008)	0.804(0.194, 3.332)
Service year				
<5 years	27(28.1%)	69(71.9%)	0.335(0.138, 0.817)*	0.215(0.051, 0.903)**(p:0.00)
5-10 years	36(50%)	36(50%)	0.857(0.349, 2.106)	0.867(0.242, 3.109
>10 years	14(53.8%)	12(46.2%)	1	1
Level of education				
Certificate	39(31%)	87(69%)	0.269(0.108, 0.667)*	0 .577(0.182, 1.832)
Diploma	23(52.3%)	21(47.7%)	0.657(0.238, 1.816)	0.812(0.233, 2.823)
Degree	15(62.5%)	9(37.5%)	1	1
Type of school				
Government	11(19.6%)	45(80.4%)	1	1
Private	60(56.6%)	46(43.4%)	5.336(2.488, 11.444) *	11.775(3.974, 34.890)**(p:0.00)
Public	4(14.3%)	24(85.7%)	0.682(0.196, 2.373)	2.348(.523, 10.536)
Previous first aid training				
Yes	36(60%)	24(40%)	3.402(1.805, 6.413)*	6.540(2.493, 17.157)**(p:0.00)
No	41(30.6%)	93(69.4%)	1	1

N.B * Shows significant association for binary logistic regression 95% CI

. ** Shows significant association for multiple logistic regression at 95% CI

1: Shows reference

5.6 Assessment of kindergarten schools' setting for first aid provision

Out of total participants 141 (72.7%) responded that there is a trained person to give first aid in their school. One hundred twenty- three (87.2%) of them were teachers while 11 (7.8%) of them are health professionals. One hundred twenty-four (63.9%) of respondents replied that they have first aid room and about 153 (80.1%) of them said there is first aid kit in their school. About 91(49.7%) of respondents said that there is a link between school and health institutions to refer in case the child get injured.

CHAPTER SIX

DISCUSSION

Children spend their major part of day in schools along with their peers and teachers. They are at larger risk of injuries and emergencies due to the higher level of involvement in sports and extra-curricular activities. School teachers acting as the guardians of these students as long as they are in the school need to be equipped with the adequate knowledge regarding first aid practices. In this study an attempt was made to explore the knowledge of school teachers in first aid andwhat actually they practice at the incident requiring first aid.

In the present study it was observed that 100% of school teachers had ever heard of the terminology first aid. This is quite a satisfactory response but when an enquiry was made in depth regarding the actual knowledge they were found to be largely inadequate. This implies that even though teachers are briefly introduced about first aid but they will not have a detailed knowledge about it. This study shows that the knowledge of kindergarten teachers on first aid is low with 39.7% of respondents replied correct answers for knowledge questions. The result is in line with the study done in Egypt, in which the mean score of the respondents is found to be low (25). Prior studies regarding the knowledge of first aid knowledge among kindergarten teacher staffs have been scarce. The study done inthe U.S, Midwestern states has indicated that most teachers are deficient in knowledge of emergency care and basic life support modalities [19].

In particular, subjects lacked knowledge regarding first aid for epilepsy (only35.6%answered correctly), bleeding (42.3%), and choking (37.6%). This is similar when compared to the study done in China (23). As the study shows, 69.1% of respondents had no previous first aid training which is lower than the study conducted in Midwestern, USA, in which one third of respondents had no previous training. This may be due to accessibility of training in developed countries (19). The poor knowledge in the present study can attributed to the fact that very little importance given by school functionaries and administration towards training of school teachers on first aid.This may also be explained by the fact that the majority of studied teachers did not attend any training courses in first aid.

Most respondents agreed that giving first aid was helpful; the vast majority felt that it was important and useful for them to learn first. This result is in line with the study done in Shanghai, China, in which majority of the participants felt the importance of providing first aid and learning first aid. (23).

Teachers with the previous first aid training are 6.540 times more likely knowledgeable when compared to those had no training (AOR: 6.54, 95% CI: 2.493, 17.157). Similarly, study in China revealed significant association between previous first aid training and knowledge (t=2.506, p=0.012) (23). Teachers those have been teaching for more than ten years are 79% more likely to have knowledge about first aid (AOR: 21.5, 95% CI: 0.051, 0.903). The study also revealed that there is significant association between private and government schools with private schools are 11.8 times more knowledgeable (AOR: 11.775, 95% CI: 3.974, 34.890). This may be due to, from the study, that private school teachers are more trained on first aid than government school teachers.

Strength

The current study tried to assess the knowledge, attitude and practices of the respondents comprehensively. In addition to this, it also assessed the institutional profile for availability and readiness of the school to provide first aid when required. This study has not been done in this study area so that it is probably the first study.

Limitations

Being cross sectional is one limitation for this study. There may be level of understanding bias since it is self-administered questionnaire. Being quantitative lone is the other limitation. The study was also limited in that it used self-report checklist for practice assessment. Observational study is better for practice assessment but didn't carry out due to time and budget constraint. First aid knowledge alone does not ensure proper conduct during an emergency case.

Conclusion

The knowledge of kindergarten teachers towards first aid is found to be low while they have good attitude towards giving first aid and receiving training on first aid. Private schools are more knowledgeable when compare to Government and Public schools. It remains necessary to increase their actual first aid knowledge and skills. As the study shows there is a lack of first aid training among kindergarten teachers. Teaching first aid offers an opportunity to educate teachers about risk factors for specific injuries. Identification and actions taken to reduce risk delivered alongside first aid training may reduce the overall rate of child injury.

It also shows that they are interested in obtaining proper training.As the study shows there is first aid room and first aid kit in some kindergarten schools.

Recommendation

- Ministry of Education should include first aid course in the kindergarten teachers' curriculum.
- Since large numbers of children spend their longer time in school, Ministry of Health should consider working with schools in order to reduce childhood injury by providing first aid training for teachers.
- Kindergarten schools should consider working with the catchment health institutions in order to fill the existed gap on first aidand invite health professionals to give first aid training for teachers.
- Schools should have a link with health institutions for immediate referral in case there is injury to the students.
- Teachers should use any opportunity to update their knowledge and skill on first aid.
- Catchment health institutions should consider assessing and supporting the primary schools in regard to first aid knowledge and practice.
- Researchers may use this result as baseline for further study

Reference

1. Guptha LC, Abhitabh G. Manual of first aid. 1st ed. New Delhi: Jaypee Brothers Medical Publishers; 2002. P.147-57.
2. Kumar, S.D., Kulkarni, P., Srinivas, N., Prakash, B., Hugara, S. and Ashok, N.C.. Perception and practices regarding first-aid among school teachers in Mysore. National Journal of Community Medicine, 2013, 4(2): 349-352
3. Deepak, M. and Nayak, S.. A study on assessment of knowledge on practice regarding first aid measures among the self-help groups in selected areas of Mangalore with a view to develop information module, 2012. NUJHS, 2(3): 68-71.
4. Semwal, J., Juyal, R., Singh, M. and Candpal, S.D. Rapid assessment of first aid awareness amongst the rural community of Doiwala block, Dehradun. Indian Journal of Community Health,2013. 25(3): 262-264.
5. Dajer J Antonio. First aid. Available at: URL: www.ilo.org/safework_bookshelf/english?content&nd=857170142
6. Black C. First aid International Federation of Red Cross and Red Cross cent studies. 1997; [3screens]. Available at: http//www.graspoodsafety.org.
7. Parker G Thomas. Introduction to first aid. Available at: URL: http://www.healthguidance.org/entry/8941/1/introduction_to_First_Aid.html.
8. Facts about injuries to children at school. Available at: URL: http://ukhealthcare.uky.edu/uploadedFiles/school.facts.pdf
9. Health and safety team. Guidance for Head teachers and managers on first aid. East Sussex county council, Flinder University. 2011. Available at: URL:https://czone.eastsussex.gov.uk/schoolmanagement/healthsaftey/main/Documents/First%20Aid%20guidance.
10. WHO Technical Report Series. World Health Organization, Geneva. 1999.
11. Kanchan T, Menezes RG. Mortalities among children and adolescent in Manipal Southern India. J Trauma 2008 Jun; 64(6):1600-7.
12. Ababa Addis. First Aid extension package. Federal Democratic Republic of Ethopia, Ministry of health. 2003 Sep. Available at: URL: http://cnhde.ei.columbia.edu/training/documents/First_Aid.pdf
13. Pala I, Vankar GK. Epilepsy and teachers: a survey. Indian J Pediatr. 1997 Mar-Apr; 64(2):211-4.

14. Baby Elizabeth. Effectiveness of planned teaching programme on First Aid for students in a selected high school in Mangalore. Published Dissertation. 2002 May.
15. Feldman W, Woodward CA, Hodgson C, Harsanyi Z, Milner R, Feldman E: Prospective study of school injuries: incidence, types, related factors and initial management. Can Med Assoc J 1983, 129:1279–1283.
16. Arbon Paul, Hayes Jo. First Aid and harm minimisation for victims of road trauma. A population study. 2007 Jun. Available at URL: http://www.ambulance.net.av/clicktosave/www/docs/Australian_population_study_on_victims_of_Road_Trauma.pdf
17. Polit Denise F, Beck Cheryl Tatano. Nursing research generating and assessing evidence for nursing practice. 8th ed. New Delhi: WoltersKluwar (India) Pvt Ltd; 2008. P.105.
18. Boyce SH, Quigley MA. An audit of sports injuries in children attending an accident and emergency department. Scott Med J. 2003 Aug;48(3):88-90.
19. Gagliardi M, Neighbors M, Spears C, Byrd S, Snarr J. Emergencies in the school setting: are public school teachers adequately trained to respond. Prehospital Disaster Med. 1994 Oct-Dec;9(4):222-5.
20. Baser M, Coban S, Tasci S, Sungur G, Bayat M. Evaluating first aid knowledge and attitudes of a sample of Turkish primary school teachers. J EmergNurs. 2007 Oct;33(5):428-32.
21. Hashim R. Dental trauma management awareness among primary school teachers in the Emirate of Ajman. Eur J Pediatr Dent. 2011 Jun;12(2):99-102.
22. Pallavisarji, U., Gururaj, G., &Girish, R. N. Practice and Perception of First Aid Among Lay First Responders in a South- ern District of India, 2013, 1(4), 155–160. http://doi.org/10.5812/atr.7972
23. Li, F., Jiang, F., Jin, X., Qiu, Y., &Shen, X. Pediatric first aid knowledge and attitudes among staff in the preschools of Shanghai , China, 2012, 1–7.
24. Francisco, S. S., Soares, A. D. J., Murrer, R. D., Francisco, S. S., João, R., Sampaio, F., & Terra, C. Evaluation of elementary education teachers ' knowledge on avulsion and tooth replantation, 201512(1), 32–40.
25. Hassan, N., Abdella, A., Abu-elenen, N. R. M., & Hani, R. (n.d.). Intervention program for the kindergarten teachers about pediatrics first aids, 2015, 3(5), 178–194.
26. Pujita, C., Nuvvula, S., Shilpa, G., Nirmala, S., &Yamini, V. Informative promotional outcome on school teachers ' knowledge about emergency management of dental trauma, 2013, 16(1), 21–27.

27. Al-asfour, A., &Andersson, L. School teachers ’ knowledge of tooth avulsion and dental first aid before and after receiving information about avulsed teeth and replantation, 2008, 43–49.
28. Masih, S., Sharma, R. K., & Kumar, A. Knowledge and practice of primary school teachers about first aid management of selected minor injuries among children, 2014, 4(4), 458–462.
29. Barr, M. L., Epidemiologist, S., Survey, H., Poulos, R. G., Lecturer, S., Finch, C. F., … Wales, N. S. A population-based survey of knowledge of first aid for burns in New South Wales, 2011195(October), 465–468.
30. Natarajan, K., &Gurunathan, D. Knowledge of tooth avulsion and its emergency management among physical education teachers in Chennai, 2013, 11(5), 21–24.
31. Azeredo, L., Antunes, A., Pretti, R. T., Lima, L. F., &Esteves, V. Traumatic dental injury in primary teeth : Knowledge and management in Brazilian preschool teachers, 2015, 7(February), 9–15.
32. Yurumez, Y., Yavuz, Y., Saglam, H., Köken, R., &Tunay, K. Evaluation Of The Level Of Knowledge Of First Aid And Basic Life Support Of The Educators Working In Preschools, 2007, 17–20.
33. Basir, L., Hashemy, E., Khataminia, M., &Ghasemzadeh, O. Primary School Teachers ’ Knowledge Regarding Emergency Management of Avulsed Permanent Incisors in Ahvaz , Iran, 2013, 5(2), 7–10.
34. Li, F., Sheng, X., Zhang, J., Jiang, F., &Shen, X. Effects of pediatric first aid training on preschool teachers: a longitudinal cohort study in China, 2014, 14(1), 1–8.
35. D, S. K., Kulkarni, P., Srinivas, N., Prakash, B., Hugara, S., &Nc, A. Perception And Practices Regarding First-Aid Among School Teachers In Mysore, 2013, 4(2), 349–352.
36. D, S. K., Kulkarni, P., Srinivas, N., Prakash, B., Hugara, S., &Nc, A. Perception and Practices Regarding First-Aid among School Teachers in Mysore, 20134, (2), 349–352.
37. Muneeswari B. A study to assess the effectiveness of planned health teaching program using child-to –child approach on knowledge of selected first aid measures among school children in selected schools at Dharapuram in Tamil Nadu, India , GLOBAL JOURNAL OF MEDICINE AND PUBLIC HEALTH 2014Vol. 3, issue 1.
38. Olympia R., Brady J., Kapoor S., Mahmood Q., Way E., Avner J., Compliance of child care centers in Pennsylvania with national health and safety performance standards for emergency and disaster preparedness. PediatrEmerg Care, 2010, 26:239-247
39. Zhou W., Zhou D., Zhang S., Xu Y., Wu C. Analysis of prevalence of preschool Children's injuries and the status of their parents, guardians' KAP in Huamu Community, Pudong District, Shanghai. J Environ Occup Med, 2008, 25:586-588.

40. Yang G., Zhou M., Huang Z., Wang L., Study on the trend and disease burden of injury deaths in Chinese population. Chin J Epidemiol, 2004, 25:193-198
41. National Safety Council. First aid: Taking action. New York: McGraw-Hill, 2007
42. American Academy of Pediatrics: Pediatric First Aid for Caregivers and Teachers, Revised 1st edn. Sudbury: Jones & Bartlett Publishers; 2007.
43. American Academy of Pediatrics: Pediatric First Aid for Caregivers and Teachers Resource Manual, Revised 1st edition. Sudbury: Jones & Bartlett Publishers; 2007
44. International first aidand resuscitationguidelines 2011
45. Ethiopian demographic and health Survey, 2011.

ANNEXES

Annex I: Information sheet and consent form

Addis Ababa University

College of Health Science

Department of Nursing and Midwifery

Consent form: - Hello! I am _____i am conducting the survey on the assessment of Knowledge, attitude and practice of first aid among kindergarten teachers in Lideta Sub City, Addis Ababa, Ethiopia, 2016.

The assessment is made for the partial fulfilment of Master's Degree in Child Health, Addis Ababa University College of Health Science Department of Nursing and Midwifery. The results of the study will be used as base line information to design appropriate intervention strategies to increase kindergarten teachers' knowledge, attitude and practice of first aid. The questionnaire contains both closed and open ended questions and will be provided in self-administered form. You are therefore kindly requested to provide genuine answers to the questions. The information you provide is confidential and is used only for the purpose of this study. If you have any question, don't hesitate to ask the data collector. Your cooperation and participation until the completion of the questionnaire is very necessary for the successful completion of the study.

We therefore ask your genuine willingness. However, you have the right to refuseif you are not voluntary to participate by making thick mark in -No' in the box below.

If you are voluntary Yes ☐ No ☐

Thank you in advance for your cooperation

Data collectors Name_____, date _____sign: _____

Questionnaire code: _____

Persons to contact:

If you have any question to ask, please contact

Gemechu Ganfure: PI

Tel: +251-929381738/+251-942108039, Email = gemesda7@gmail.com

Annex II: English Questionnaires

Part I: Socio-demographic characteristics of kindergarten teachers in Lideta Sub City, Addis Ababa, 2016

Ser.no	Socio-Demographic	Response	Remark
1	Sex	**1.** Male **2.** Female	
2	Age	___in years	
5	Level of education	1. Certificate 2. Diploma 3. Degree 4. Masters 5. Other (specify) ____	
6	Marital status	1. Married 2. Single 3. Divorced 4. Widowed/	
8	Service year	1. <5 yrs. 2. 5-10 yrs. 3. 10-15 yrs. 4. >15yrs	
9	Type of school	1. Government 2. Private 3. Public 4. Others	
10	Do you have training on first aid?	1. Yes 2. No	

Part II: Questions to assess Knowledge of kindergarten teachers towards first aid teachers in Lideta Sub City, Addis Ababa, 2016

1. Have you ever heard about first aid?
   1. Yes 2. No
2. If yes for Q 1, from where did u hear? **You can choose more than one option.**
   1. Family
   2. books
   3. media
   4. health professionals
   5. health institution
   6. others, specify_____
3. Yes for Q 1, what is first aid?
   1. The immediate care given for a person who sustained any injury or accident before the victim arrive health institution.
   2. The care given only in health institution
   3. The care given only by health profession
   4. Other specify, _____
4. What type of injuries/accidents need first aid? You can choose more than one option
   a. Bleeding
   b. Fracture
   c. Epilepsy
   d. Human/animal bite
   e. Burning
   f. Nose bleeding
   g. Choking
   h. Neck and back injury
   i. Fainting
   j. Swallowed poison
   k. Breathing difficulty
   l. Others, specify……
5. Do you know that one measure to stop bleeding is pressing firmly with clean bandage on the bleeding part?
   a. Yes b. No
6. Do you know giving nothing by mouth is one of the first aid measures for fainting child?
   a. Yes
7. Do you know one of the first aid measures for epileptic child is keeping air way clear by placing the child on the side?
   1. Yes 2. No
8. Do you know standing behind the child encircling the child's chest by hands and squeezing is the first aid measure for choking child?
   a. Yes b. No
9. Do you know for child with neck and back injury avoiding head and neck movement and keeping body straight is one measure of first aid.
   a. Yes b. No
10. Do you know,in case child has bitten by his friend, cleansing wound with soap and water for 5 minutes is one measure of first aid for human bite.
    a. Yes b. No
11. Do you know one of the first aid measures for nose bleed/epistaxis is placing student sitting comfortably with slightly forward and applying uninterrupted pressure by pressing nostrils together.
    3. Yes 4. No
12. Do you know encouraging the child to sit quietly, breath slowly and deeply in through the nose and out through the mouth is first aid measure for the child with difficulty of breathing?
    a. Yes b. No

Part III: questions to assess attitude of kindergarten teachers towards first aid teachers in Lideta Sub City, Addis Ababa, 2016.

1. I should give first aid is fair	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree
2. I should give first aid is unpleasant	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree
3. I should give first aid is very good	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree
4. It is good for me to learn first aid	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree
5. It is useful for me to learn first aid	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree
6. It is important for me to lear first aid.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree

Part IV: Questions to assess practice of preschool teachers towards first aid in Lideta Sub City, Addis Ababa, 2016.

1. Have you ever faced a child with in need of first aid in your school?		a. yes b. no
2. if yes for Q 1, did you give first?		a. Ye b. No
3. If yes for Q 2, what was your first action?	a. Called 939 b. Transferred to hospital c. Gave first aid d. Transferred to police station e. Other, specify, _____	
4. Have you ever faced a child with difficulty of breathing?		a. Yes b. no If NO skip to Q. 6
5. If your answer **for Q 4 is "yes"**, what did you do? **You can choose more than one option**	a. Called EMS/ambulance	a. Yes b. no
	b. Encouraged the student to sit quietly,	a. Yes b. no
	c. Breath slowly and deeply in through the nose and out through the mouth	a. Yes b. no
	d. Contacted responsible school authority and parent or legal guardian	a. Yes b. no
	e. Others, specify _____	
6. Have you ever faced a child with fainting?		a. Yes b. No If NO skip to Q. 8
7. If your answer **for Q 6 is "yes"**, what did you do? **You can choose more than one option**	a. Called EMS/Ambulance	a. Yes b. no
	b. Kept student on flat position	a. Yes b. no
	c. Loosen clothing around the neck and waist	a. Yes b. no
	d. Kept air way clear and monitored breathing	a. Yes b. no
	e. Gave nothing by mouth	a. Yes b. no

	f. Contacted responsible school authority and parent or legal guardian	a. Yes b. no
	g. Others, specify	
8. Have you ever faced a child with bleeding from his/her nose?		a. Yes b. no If NO skip to Q. 10
9. If your answer **for Q 8 is "yes"**, , what did you do? **You can choose more than one option**	a. Called EMS/ambulance	a. Yes b. no
	b. Placed student sitting comfortably with slightly forward	a. Yes b. no
	c. Laid on side with head raised on pillow	a. Yes b. no
	d. Applied uninterrupted pressure by pressing nostrils together	a. Yes b. no
	e. Applied ice to nose	a. Yes b. no
	f. Contacted responsible school authority and parent or legal guardian	a. Yes b. no
	g. Others, _____	a. Yes b. no
10. Have you ever faced a child with bleeding on his/her body?		a. Yes b. no If NO skip to Q. 12
11. If your answer **for Q 10 is "yes"**, what did you do? **You can choose more than one option**	a. Called EMS/Ambulance	a. Yes b. no
	b. Pressed firmly with clean bandage to stop bleeding	a. Yes b. no
	c. Elevated bleeding body part gently	a. Yes b. no
	d. Bandaged bleeding wound without interfering circulation	a. Yes b. no
	e. Covered student with blanket	a. Yes b. no
	f. Contacted responsible school authority and parent or legal guardian	a. Yes b. no
	g. Others, _____	
12. Have you ever faced a child with seizure/epilepsy?		a. Yes b. no If NO skip to Q. 14
13. If your answer **for Q 12 is "yes"**,	a. Called EMS/Ambulance	a. Yes b. no

,what did you do? **You can choose more than one option**	a. Placed on the floor	a. Yes b. no
	b. Left the child for free movement	a. Yes b. no
	c. Moved surrounding objects to avoid injury	a. Yes b. no
	d. Avoided giving any drink/food by mouth	a. Yes b. no
	e. Kept air way clear by placing the child on the side	a. Yes b. no
	f. Contacted responsible school authority and parent or legal guardian	a. Yes b. no
	g. Others, _____	
14. Have you ever faced a child with chocking:		a. Yes b. no If NO skip to Q. 10
15. If yes, what did you do? **You can choose more than one option**	a. Called EMS/Ambulance	a. Yes b. no
	b. Checked for choking	a. Yes b. no
	c. Stood behind the child encircling the child's chest by hands and squeezed	
	d. Continued until the object expelled	a. Yes b. no
	e. Contacted responsible school authority and parent or legal guardian	a. Yes b. no
	h. Others, _____	
16. Have you ever faced a child with injured neck and back?		a. Yes b. no
17. If your answer **for Q 16 is "yes"**, , what did you do? **You can choose more than one option**	a. Called EMS/ambulance	a. Yes b. no
	b. Checked student's position immediately	a. Yes b. no
	c. Laid the student and restrict moving unless harm exacerbated if the students stayed there	a. Yes b. no
	d. Avoided head and neck movement and kept body straight	a. Yes b. no
	e. Contacted responsible school authority and parent or legal guardian	a. Yes b. no
	f. Others, _____	a. Yes b. no

Part IV: questions to assess schools' capacity to run first aid in school.

1. Is there trained person to give first aid in your school?
   1. Yes 2. No
2. If your answer for Q 1 is "yes", what is the job title of first aider?
   1. School director
   2. Teachers
   3. Health professionals (nurses, health officers….etc.)
   4. Others, specify_____
3. In your school, do you have first aid room?
   1. Yes 2. No
4. In your school, do you have first aid kit?
   1. yes 2. no
5. Is there any emergency medication in your school?
   1. Yes 2. No
6. If yes for Q 4, list them,_____
7. Is there any link with health institutions to refer in case children get accident?
   1. Yes 2 No

Thank you for your cooperation!!!!

Annex III: Amharic version questionnaire

ክፍል1: በ አዲስ አበባ፡ ልደታክ/ከተሜ የዐፀደ ህፃናጽ ማማገራን ማህበረሰባዊና ግላዊ ነክ ጉኤታዎችን

የሚጦከቱ ጥያቄዎች፤ 2008 ዓ.ም

Ser. no	ማህበረሰባዊና ግላዊ	መልስ	ሚርመራ
1	ፆታ	1. ወንድ 2. ሴት	
2	ዕድሜ	___በ ዓመት	
5	የትምህርት ደረጃ	1. ሰርትፍከየት 2. ዲፕሎማ 3. ዲግሪ 4. ማስተርስ 5. ሌላ ካለይ ጥቀሱ____	
6	የጋብቻሁኔታ	1. ያገባች/ያገባ 2. ያላገባ/ያላገባች 3. /የፈታ/የፈታች 4. / የሞተባት	
8	ያገልግሎት ዘመን	1. <5 .ዓመት 2. 5-10 .ዓመት 3. 10-15 .ዓመት 4. >15ዓመት	
9	የት/ት ቤቱ ዓይነ ት	1. የመንግስት 2. የግል 3. የህዝብ 4. ሌላ	
10	ከዚህ በፊት የመጀመሪያ ህክምና ዕርዳታ ስልጠና ወስደዉያወቃ?	1. አዎ 2. አይ	

ክፍል 2፡ በ አዲስ አበባ፡ ልደታክ/ከተሜ የዐፀደ ህፃናጽ ማማገራን ስለ መጀመሪያ ህክምና ዕርዳታየግንዛቤ ጥያቄዎች፤ 2008 ዓ.ም

1. ከዚህ በፊት ስለ መጀመሪያ ህክምና ዕርዳታ ሰምተዉ ያዉቃሉ?
   1. አዎ
   2. አይ
2. ለጥያቄ ቁጥር 1 ምላሽዎ "አዎ" ከሆነ ስለ መጀመሪያ ህክምና ዕርዳታ የሰሙት ከየት ነዉ?
   7. ከቤተሰብ
   8. ከመጽሃፍት
   9. ከማናኛ ብዙሃን
   10. ከጤና ባለሙያ
   11. ከጤና ተቋም
   12. ሌላ ካለ ይጥቀሱ ________________
3. ለጥያቄ ቁጥር 1 ምላሽዎ "አዎ" ከሆነ የመጀመሪያ ህክምና ዕርዳታ ሲባል ምን ይመስልዎታል?
   1. ድንገተኛ አደጋ የደረሰበት ሰዉ ጤና ተቋም ከመድረሱ በፊት ወይም ወደያዉ የሚደረግለት የጤና ዕርዳታ
   2. በጤና ተቋም ዉስጥ ብቻ የሚሰጥ ዕርዳታ
   3. በጤና ባለሙያ ዉስጥ ብቻ የሚሰጥ ዕርዳታ
   4. ሌላ ካለ ይጥቀሱ ____________________
4. ከዚህ በታች ከተዘረዘሩት አደጋዎች ዉስጥ የትኞቹ የመጀመሪያ ሕክምና ዕርዳታ ያስፈልጋቸዋል ብለዉ ያስባሉ? **(ከአንድ በላይ ምላሽ መስጠት ይችላሉ)**
   1. መድማት
   2. ስብራት
   3. የሚጥል በሽታ
   4. በሰዉ/በእንስሳት መነከስ
   5. ቃጠሎ
   6. ነስር
   7. ትንታ
   8. የአንገትና የጀርባ ጉዳት
   9. ራስን መሳት
   10. መርዛማ ነገሮችን መዉሰድ
   11. የመተንፈስ ችግር
   12. ሌላ ካለ ይጥቀሱ_____________
5. መድማትን ለማቆም ከምንወስዳቸዉ የመጀመሪያ ሕክምና ዕርዳታ ዕርምጃዎች ዉስጥ አንዱ በመድማት ላይ ያለዉን ቦታ በንጹህ ጨርቅ (bandage) አጥብቆ ማሰር መሆኑን ያዉቃሉ?
   1. አዎ
   2. አይ
6. ራሱን ስቶ ላለ ልጅ በአፍ ምንም አይነት ፈሳሽ ወይም ምግብ እንዳይወስድ ማድረግ በመጀመሪያ ሕክምና ዕርዳታ ከሚወሰዱ ዕርምጃዎች አንዱ መሆኑን ያዉቃሉ?
   1. አዎ
   2. አይ
7. በሚጥል በሽታ ምክንያት ለወደቀ ልጅ ከምንወስዳቸዉ የመጀመሪያ ሕክምና ዕርዳታ ዕርምጃዎች አንዱ ልጁን በጎኑ በማስተኛት የአየር በበቧንቧዉ ክፍት ሆኖ እንዲቆይ ማድረግ መሆኑን ያዉቃሉ?
   1. አዎ
   2. አይ
8. የትንታ አደጋ ላጋጠመዉ ልጅ ከልጁ ጀርባ በመሆን ሁለት እጅን በማጣመር የልጁን ደረት በጥንቃቄ በመጫን የገባዉ ባዕድ ነገር እንዲወጣ ማድረግ በመጀመሪያ ሕክምና ዕርዳታ ከሚወሰዱ ዕርምጃዎች አንዱ መሆኑን ያዉቃሉ?
   1. አዎ
   2. አይ
9. የአንገትና የጀርባ ድንገተኛ አደጋ ላጋጠመዉ ልጅ ከምንወስዳቸዉ የመጀመሪያ ሕክምና ዕርዳታ ዕርምጃዎች አንዱ የልተገባ እንቅስቃሴ ከማድረግ መቆጠብና የልጁ ሰዉነት ቀጥ ብሎ እንዲቆይ ማድረግ መሆኑን ያዉቃሉ?
   1. አዎ
   2. አይ
10. አንድ ልጅ በጓደኛዉ ቢነከስ የተነከሰዉን ቦታ በዉሃና ሳሙና ለአምስት ደቂቃ ማጠብ በሰዉ ለመነከስ ከሚደረጉ የመጀመሪያ ሕክምና ዕርዳታ አንዱ መሆኑን ያዉቃሉ?
    1. አዎ
    2. አይ
11. ነስር (የአፍንጫ መድማት) ላገጠመዉ ልጅ ከሚደረጉ የመጀመሪያ ሕክምና ዕርዳታዎች ዉስጥ ልጁን አመቻችቶ በተወሰነ መልኩ ወደፊት ጋደል አርጎ ማስቀመጥና አፍንጫዉን ተጭኖ ማያዝ መሆኑን ያዉቃሉ?
    1. አዎ
    2. አይ
12. የመተንፈስ ችግር ላጋጠመዉ ልጅ ከሚደረጉ የመጀመሪያ ሕክምና ዕርዳታዎች ዉስጥ ልጁ ተረጋግቶ እንዲቀመጥ ማድረግ፣ ቀስ አድርጎ በአፍንጫዉ በደንብ አየር እንደያ ስገባና በአፍ እንዲያስወጣ ማድረግ እንደሆኑ ከዚህ በፊት ያዉቃሉ?
    1. አዎ
    2. አይ

ክፍል 3፡ በአዲስ አባባ፡ ልደታክ/ከተማ በዐፀደ ህፃናት የሚገኙማህጎን የመጀመሪያ ህክምና ዕርዳታ አሰላላክት የሚሰላከቱ ጥያቄዎች 2008 ዓ.ም

1. የመጀመሪያ ሕክምና ዕርዳታመጂረግ ጥሩ ነ ው ፡	1. በጣምእስማሻሁ 2. እስማማሁ 3. አልስማማም 4. በጣምአልስማማም
2. የመጀመሪያ ሕክምና ዕርዳታመጂረግ ጥሩ አይደለም፡	1. በጣምእስማሻሁ 2. እስማማሁ 3. አልስማማም 4. በጣምአልስማማም
3. የመጀመሪያ ሕክምና ዕርዳታመጂረግ በጣምጥሩ ነ ው ፡	1. በጣምእስማሻሁ 2. እስማማሁ 3. አልስማማም 4. በጣምአልስማማም
4. የመጀመሪያ ሕክምና ዕርዳታመሚ ጥሩ ነ ው ፡	1. በጣምእስማሻሁ 2. እስማማሁ 3. አልስማማም 4. በጣምአልስማማም
5. የመጀመሪያ ሕክምና ዕርዳታመሚ ጠቃሚ ው ፡	1. በጣምእስማሻሁ 2. እስማማሁ 3. አልስማማም 4. በጣምአልስማማም
6. የመጀመሪያ ሕክምና ዕርዳታመሚ አስፈላጊ ነ ው ፡	1. በጣምእስማሻሁ 2. እስማማሁ 3. አልስማማም 4. በጣምአልስማማም

ክፍል 4፡ በአዲስ አባባ፡ ልደታክ/ከተማ፤ በዐፀደ ህፃናት የሚ ኙመማህን የ መጀመሪያ ህክምና ዕርዳታተግባርን የ ሚመለከቱ ጥያቄዎች

1. በሚሰሩበት በዐፀደ ህፃናት ት/ት ቤት ዉስጥ የ መጀመሪያ ህክምና ዕረዳታየ ሚያስፈልገ ዉልጅ ዐጋጥሞት ያዉቃሉን?		1. አዎ 2. አይ
2. ለጥያቄ ቁ.1 ምላሽዎ "አዎ" ከሆኔ የ መጀመሪያ ህክምና ዕርዳታሰጥተዋል?		1. አዎ 2. አይ
3. ለጥያቄ ቁ.2 ምላሽዎ "አዎ" ከሆኔ መጀመሪያ የ ወሰዱት ዕረምጃ ምንድር ነ በር?	1. አምቡላንስ ጠረሀ/ደዉልኩ 2. ወደ ጠፍ ተቋምእንዲሄድአደረኩ/ዉስደኩ 3. የ መጀመሪያ ህክምና ዕርዳታሰጠሁ 4. ወደ ፖሊስ ጣቢያ እንዲሄድአደረኩ 5. , ለላ ካለ የ ጥቀሱ_____	
4. ደንገተኛ የ መዉንፈስ ችግር ያጋጠመዉልጅ አጋጥሞት ያዉቃሉን?		1. አዎ 2. አይ ምላሽዎ **"አይ"** ከሆኔ ወደ ጥያቄ ቁ.6 ይሂዱ
5. ለጥያቄ ቁ.4 ምላሽዎ "አዎ" ከሆኔ ያደረጉት ነገር ምን ነ በር? **ከአንድምላሽ በለይ መልጠት ይችላሉ**	1. አመቡላንስ ጠረሁ	1. አዎ 2. አይ
	2. ልጁተረጋግቶ እንዲቀመጥ አደረኩ	1. አዎ 2. አይ
	3. በዝምታብዙአየር በአፍንጫዉእያስገባ በአፉ እንዲያወጣአደረኩ	1. አዎ 2. አይ
	4. የ ትምህርት ቤቱ ሃላፊና የ ልጁወላጅ/አሳዳጊ እንዲያዉቁ አደረኩ	1. አዎ 2. አይ
	5. ሌለ ካለ ይጥቀሱ----------	
6. ሪሱን በደንገት የ ሳተ ልጅአጋጥሞት ያዉቃሉን?		1. አዎ 2. አይ ምላሽዎ **"አይ"** ከሆኔ ወደ ጥያቄ ቁ.8 ይሂዱ
7. ለጥያቄ ቁ.6 ምላሽዎ "አዎ" ከሆኔ ያደረጉት	1. አመቡላንስ ጠረሁ	1. አዎ

ነገር ምን ነበር? **ከአንድምላሽ በለይ መክጠት ይችላሉ**		2. አይ
	2. ልጅን የተስተካከለ ቦታላይ እዲተኛ አደረኩ	1. አዎ 2. አይ
	3. አንገቱና ወገቡአካባቢያሉአልባሳትን እንዲላሉአደረኩ	1. አዎ 2. አይ
	4. የአየር ቧንቧመክፍት እነዲሆን በማድረግ አተነፋፋሱን ተከታተልኩ	1. አዎ 2. አይ
	5. በአፉምንምአይነት ፈሳሽና ምግብ እንዳይወስድአደረኩ	1. አዎ 2. አይ
	6. የትምህርት ቤቱሃላፊና የልጁወላጅ/አሳዳጊ እንዲያወቁ አደረኩ	1. አዎ 2. አይ
	7. ሌለ ካለ ይጥቀሱ_____	
8. በአፍንጫውደምአየፈሰሰዉ(እያነ ሰረዉ ያለ ልጅአጋጥሞት የወቃሉን		1. አዎ 2. አይ ምላሽዎ **"አይ"** ከሆኔ ወደ ጥያቄ ቁ.10 ይሂዱ
9. ለጥያቄ ቁ.8 ምላሽዎ "አዎ" ከሆኔ ያደረጉት ነገር ምን ነበር? **ከአንድምላሽ በለይ መክጠት ይችላሉ**	1. አማክላንስ ጠረሁ	1. አዎ 2. አይ
	2. ልጅን አመቻች በማቀመጥ በትንሹ ወደፊት ዘንበል (ጋደል) እንዲል አደረኩ	1. አዎ 2. አይ
	3. በጎኑ እነዲተኛ በማድረግ ጫንቅላቱን በትራስ ደገፍኩት	1. አዎ 2. አይ
	4. አፍንጫዉ ተጫኜ በመያዝ እነዳይደማአደረኩት	1. አዎ 2. አይ
	5. በረዶ አፍንጫዉላይ ደረኩ	1. አዎ 2. አይ
	6. የትምህርት ቤቱሃላፊና የልጁወላጅ/አሳዳጊ እንዲያወቁ አደረኩ	1. አዎ 2. አይ
	7. ሌለ ካለ ይጥቀሱ_____	1. አዎ 2. አይ
10. በደንገተኛ ጉዳት ከሰጫቱ እየደማ ያለ ልጅአጋጥሞት ያወቃሉን?		1. አዎ 2. አይ ምላሽዎ **"አይ"** ከሆኔ ወደ ጥያቄ ቁ.12 ይሂዱ

11. ለጥያቄ ቁ.10 ምላሽዎ "አዎ" ከሆኔ ያደረጉት ነገር ምን ነበር? **ከአንድ ምላሽ በለይ መልጠት ይችላሉ**	1. አማካላንስ ጠረሁ	1. አዎ 2. አይ
	2. በመድሜ ላይ ያለዉ ቦታበንፀህ ጨቅ (bandage) በመሜ እዳይደማአደረኩ	1. አዎ 2. አይ
	3. በመድሜ ላይ ያለዉ አካል ከፍ እንዲል አደረኩ	1. አዎ 2. አይ
	4. በንፀህ ጨቅ (bandage) የሰዉ ቱን የደም ፍሰት በሞያስተጓጉል ሜልኩ አሰርኩት(ሸፈንኩት)	1. አዎ 2. አይ
	5. ልጁብርድልብስ እንዲለብስ አደረኩት	1. አዎ 2. አይ
	6. የትምህርት ቤቱ ሃላፊና የልጁወላጅ/አሳዳጊ እንዲያዉቁ አደረኩ	1. አይ 2. አዎ
	7. ሌለ ካለ ይጥቀሱ_____	
12. በሜክል በሽታወድቆ እያነ ቀጠቀጠዉያለ ልጅ አጋጥሞት ያዉቃሉን?		1. አዎ 2. አይ ምላሽዎ **"አይ"** ከሆኔ ወደ ጥያቄ ቁ.14 ይሂዱ
13. ለጥያቄ ቁ.12 ምላሽዎ "አዎ" ከሆኔ ያደረጉት ነገር ምን ነበር? **ከአንድ ምላሽ በለይ መልጠት ይችላሉ**	1. አማካላንስ ጠረሁ	1. አዎ 2. አይ
	2. ወላሉላይ እንዲተኛ አደረኩ	1. አዎ 2. አይ
	3. የሜንቀጠቀጠዉእስኪተወልጁን ነፃ ሆኖ እዲንቀሳቀስ አደረኩ	1. አዎ 2. አይ
	4. በዙሪያዉያሉ ጉዳት ሊያደርሱ የሜሉ ዕቃዎችን አስወገደኩ	1. አዎ 2. አይ
	5. በአፍ ምንምአይነት ፈሳሽምሆነ ምግብ እንዳይወስድ አደረኩ	1. አዎ 2. አይ
	6. ልጁን በጎኑ በማስተኛት የአየር ቧንቧዉ ክፍት ሆኖ እንዲቆይ አደረኩ	1. አዎ 2. አይ
	7. የትምህርት ቤቱ ሃላፊና የልጁወላጅ/አሳዳጊ እንዲያዉቁ አደረኩ	1. አዎ 2. አይ
	8. ሌለ ካለ ይጥቀሱ_____	
14. ተንታያጋጠመልጅ አግኝተዉያዉቃሉን		1. አዎ 2. አይ

		ምላሽዎ **"አይ"** ከሆኔ ወደ ጥያቄ ቁ.16 ይሂዱ
15. ለጥያቄ ቁ.14 ምላሽዎ "አዎ" ከሆኔ ያደረጉት ነገር ምን ነበር? **ከአንድምላሽ በለይ መልጠት ይችላሉ**	1. አማክላንስ ጠረሁ	1. አዎ 2. አይ
	2. ከልጁ ጀርባ በመሆን ሀሉት እጅን በማጣመር የልጁን ደረት በጥንቃቄ በመጫን የገባዉባዕደነገር እንዲወጣ ማድርኩ	1. አዎ 2. አይ
	3. የገባዉነገር አስከወጣመጫን ቀጠልኩ	1. አዎ 2. አይ
	4. የትምህርት ቤቱ ሃላፊና የልጁ ወላጅ/አሳዳጊ እንዲያዉቁ አደረኩ	1. አዎ 2. አይ
	16.ሌለ ካለ ይጥቀሱ_____	
17. ደንገት የአንገትና የጀርባ ጉዳት ያጋጠመዉልጅ አጋጣሚ ያዉቃሉን?		1. አዎ 2. አይ
18. ለጥያቄ ቁ.16 ምላሽዎ **"አዎ"** ከሆኔ ያደረጉት ነገር ምን ነበር? **ከአንድምላሽ በለይ መልጠት ይችላሉ**	1. አማክላንስ ጠረሁ	1. አዎ 2. አይ
	2. የልጁን አወዳደቅ (አኳሃን) በፍጥነት ለማናዘብ ማድርኩ	1. አዎ 2. አይ
	3. ልጁን አረጋግቶ በማረፍ ጉዳቱን ሊያባብሱ የሚችሉ አላስፈላጊ እነቅስቃሴዎችን አስወገደኩ	1. አዎ 2. አይ
	4. አንገቱና ወገቡእንዳይንቀሳቀስ በሞረግ ሰዉነቱ ቀጥ ባለ ሀኔታእንዲቆይ አደረኩ	1. አዎ 2. አይ
	5. የትምህርት ቤቱ ሃላፊና የልጁ ወላጅ/አሳዳጊ እንዲያዉቁ አደረኩ	1. አዎ 2. አይ
	6. ሌለ ካለ ይጥቀሱ_____	1. አዎ 2. አይ

ክፍል 5፡ በትምህርት ቤቱ ዉስጥ የመጀመሪያ ህክምና ዕርዳታን ለመፈጸም የሚስችሉ ሁኔታዎችን የሚመለከቱ ጥያቄዎች

1. በትምህርት ቤቱ ዉስጥ የመጀመሪያ ህክምና ዕርዳታ ስልጠና የዉሰደ ሰዉ አለ?

1. አዎ 2. አይ

3. ለጥያቄ ቁጥር 1 ምላሽዎ "አዎ" ከሆነ የስራ ድረሻዉ ማን ነዉ

1. የት/ት ቤቱ ሃላፊ 3. የጤና ባለሞያ
2. መምህራን 4. ሌላ ከለ ይጥቀሱ.....

4. በትምህርት ቤቱ ዉስጥ የመጀመሪያ ህክምና ዕርዳታ የሚገበት ከፍል አለ?

1. አዎ 2. አይ

5. በትምህርት ቤቱ ዉስጥ የመጀመሪያ ህክምና ዕርዳታ ለመፈጸም የሚስችሉ እቃዎች/መሳሪያዎች አሉ?

1. አዎ 2. አይ

6. በትምህርት ቤቱ ዉስጥ ለደንገተኛ አደጋ የሚጠመድሒኖች አሉ?

1. አዎ 2. አይ

7. ለጥያቄ ቁ. 5 ምላሽዎ "አዎ" ከሆነ መድሃኒቶቹን ይዘርዝሩ፡ ፡

1.....

2.....

3.....

8. ልጆች ደንገተኛ አደጋ ሲያጋጥማቸዉደ ጤና ተቋምለማከተላለፍ የሚስችል ትስስር ከትምህርት ቤቱና በጤና ተቋምመካከል አለ

1. አዎ
2. አይ