Assessment of knowledge, attitude and practice toward first aid related to road traffic accidents among traffic police in LIDETA, KIRKOS and ARADA sub city of Addis Ababa, Ethiopia.

REASERCH PAPER SUBMITTED TO THE DEPARTMENT OF EMERGENCY MEDICINE COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF ADDIS ABABA AS PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EMERGENCY MEDICINE AND CRITICAL CARE

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ABBREVIATION

AACRA ……....Addis Ababa City Roads Authority

BPR……..……..Business process re-engineering

CPR……..Cardio pulmonary resuscitation

CRBC…….……..China Road and Bridge Corporation

DALYs ……..disability-adjusted life year

EAR ……External Air Resuscitation

EMS……....Emergency Medical Services

KAP……..knowledge, attitude and practice

LDCs ……..less developed countries

LMICs ……..…low-and middle-income countries

MLC…… medico legal cases

NRSCO ……National Road Safety Coordinating Office

OAU……...…organization of African union

RTA ……road traffic accidents

UNECA …….United Nations Economic Commission for Africa

VIP…….....Violence and Injury Prevention

WHO…….…world health organization

OPERATIONAL DEFFINITION

Traffic police:-a person who had controlling and facilitating of vehicles moves on road way of LIDETA, KIRKOS AND ARADA sub city of Addis Ababa.

Firs aid:- give help to RTA victims at scene and during transportation until full medical treatment is available.

Road traffic accident:-an accident occurs when vehicles collide with other vehicles, with pedestrian and with other stationary obstacles.

Knowledge about first aid:-knowledge about component of first aid ,sign and management of respiratory problem ,management of bleeding and bone fracture victim, position of the victim during road traffic accident and transportation of victim.

Attitude about first aid: - willingness to provide first aid at scene and believe on necessary of giving first aid immediately at scene.

Practice about first aid: - have a trend of road traffic accident and what action was taken during victim with respiratory problem, heavy bleeding and neck injury and bone fracture.

Noisy breathing:-abnormal breathing sound which is created due to air way obstruction of RTA victims.

Training status:-status of pervious training of traffic polices, didn‘t include got training from Police College during training period.

ABSTRACT

Introduction: - In Ethiopia comprehensive Pre-hospital emergency medical system is practically non-existent. A comprehensive emergency medical system includes not only a health facility based care for emergency cases but also a functional pre-hospital care that gives primary care for injuries at the accident scene and while transferring victims to health facilities. Traffic police personnel are the first respondent to road traffic accidents.

The **objective: -** Assessment of Knowledge, Attitude and Practice to ward first aid related to road traffic accidents among *traffic police* in LIDETA, KIRKOS and ARADA sub city of Addis Ababa Ethiopia.

Method*:* A cross-sectional quantitative study was carry out among traffic police working in LIDETA, KIRKOS and ARADA sub city of Addis Ababa, Ethiopia from February 3-18, 2014, using a convenient sampling technique. 150 police traffic was participated and responded for open- ended and close- ended questions and 120 were analyzed.

Result: Participants were 120 (92.3%) male and 10(7.7%) female with an average age of 27 ±7.42 (SD) with a range from 23 to 50 years.

One hundred and eleven (85.4%) were trained previously on first aid from different institution.

Forty two (32.1%) were identified noisy breathing which is a sign of air way obstruction.

Most participants‘ first action during first aid was only transfer to near hospital, furthermore 128(98.5%) believed that it is necessary to give first aid immediately for RTA victims, but some them had not willingness to give first because of fear infection, shortage of materials and didn‘t had full skill.

Conclusion and recommendation: In This study identified baseline knowledge, practice and perspective of first aid related to road traffic accident of traffic polices who are working in ARADA, LIDETA and KIRKOS sub city of Addis Ababa Ethiopia, and showed that there was gap on knowledge and practice of first aid for RTA victims, on the other hand respondents gives a positive believe related to application of first aid at scene.

Would been providing continuous training and demonstration of moderate level of knowledge, attitude and practices towards first aid related to firs aid further collaboration with governmental and non-governmental institutions.

1. INTRODUCTION

1.1BACK GROUND

Addis Ababa is the capital city of Ethiopia. It is the largest city in Ethiopia, with a population of 3,384,569 according to the 2007 population census with annual growth rate of 3.8%. Addis Ababa has the status of both a city and a state. It is where the African Union and its predecessor the OAU are based. It also hosts the headquarters of the United Nations Economic Commission for Africa (UNECA) and numerous other continental and international organizations. Addis Ababa is therefore often referred to as "the political capital of Africa" due to its historical, diplomatic and political significance for the continent. The city is divided into 10 sub cities and 99 weredads. The 10 sub cities are: ADDIS KETEMA, AKAKY KALITI, ARADA, BOLE, KIRKOS, KOLFE KERANIYO, LIDETA, NIFAS-SILK-LAFTO and YEKA [(2)].

Public transportation is through public buses from ANBESSA City Bus Service Enterprise or blue and white share taxis. The taxis are usually minibuses that can seat at most twelve people. The construction of the Addis Ababa Ring Road was initiated in 1998 G.c which includes implement the city master plan and enhance peripheral development. The Ring Road was divided into three major phases that connect all the five main gates in and out of Addis Ababa with all other Regions. For this project, the ring road has greatly helped to decongest and alleviate city car traffic. Intercity bus service is provided by the Company. Addis Ababa also has had a railway connection with Djibouti City, but the railway no longer operates pending the construction of a new modern rail line to be built in the near future [(2,14)].

In Ethiopia Pre-hospital comprehensive emergency medical system is practically non-existent. A comprehensive emergency medical system includes not only a health facility based care for emergency cases but also a functional pre-hospital care that gives primary care for injuries at the accident scene and while transferring victims to health facilities [(1)].

Road traffic accident injuries are normally transported to the nearest health centre for emergency medical care without any health professional care at the scene of the accident or during transporting. Transportation of the accident victims are made by the vehicle involved in the accident, volunteer driver or ambulance if there is any around the accident scene.

There is little or no medical care during transportation even when using ambulances for various reasons including lack of medical professionals.

Consequently, the death rate is very high; about 20% of the total injury is fatalities. A one year (July 2005-June 2006) retrospective descriptive audit of injuries in public health facilities of Addis Ababa showed that motor vehicle accident is the second overall cause of injuries (first in the age group 15-44 years) and accounts for 34% of all injuries, leading causes of injury related admissions (61%), and 52% of injury related deaths. In another study cited in the strategy document, from the trauma patients in TIKUR ANBESSA Hospital, Addis Ababa, road traffic injuries accounted for 41% of all cases, and of them 93% were pedestrians.

Setting up emergency medical and pre-hospital care system needs clear national strategy and Government commitment. With respect to this, a Task Force for preparing a long-term national strategy and action plan on Violence and Injury Prevention (VIP) and Emergency Medical Services (EMS) was established under the coordination of the Ministry of Health in which road traffic accident is an important component. Interim National Road Safety Coordinating Office (NRSCO) is a member of this task force. The Task Force has prepared the draft national strategy

and action plan for approval, but because the Ministry of Health has been undertaking business process re-engineering (BPR) study the approval of the strategy is delayed. Ministry of Health of Ethiopia: National Multi-Sectoral three-year Strategic Plan for Violence and Injury Prevention and Emergency Medical Services Strategy 2008/9-2010/11 United Nations Economic Commission for Africa. The new reform of the Ministry of Health has addressed these shortcomings. Following the reform of the Ministry of Health, the gap that exists in pre-hospital care is identified as a critical problem and various discussions are being made to fill the gap. In the City of Addis Ababa, a legal document to reorganize Fire and Emergency Service is awaiting the approval of the cabinet. The approval of the legal document would mean to reorganize and reinstate the emergency dispatch centre of the city which was organized for the celebration of the Ethiopian Millennium with three-digit telephone service and ambulance to sustainable and coordinated scale to undertake the pre-hospital care and emergency medical service of the city [1].

1.2 STATEMENT OF PROBLEME

The costs of fatalities and injuries due to road traffic accidents (RTAs) have a great impact on societal well-being and socioeconomic development. RTAs are among the leading causes of death and injury worldwide, causing an estimated 1.2 million deaths and 50 million injuries each year (World Health Organization, 2004). Ethiopia has the highest rate of RTAs, owing to the fact that road transport is the major transportation system in the country. The Ethiopian traffic control system archives data on various aspects of the traffic system, such as traffic volume, concentration, and vehicle accidents. With more vehicles and traffic, the capital city of Addis Ababa takes the lion‘s share of the risk, with an average of 20 accidents being recorded every day and even more going unreported [(5)].

The number of people who die in road traffic accidents is shocking, and ignorance could be the cause of these deaths. In Ethiopia Six years (July 2005 - June 2011) of police-reported crash data were analyzed, consisting of 12,140 fatal and 29,454 injury crashes on the country‘s road network. The 12,140 fatal crashes involved 1,070 drivers, 5,702 passengers, and 7,770 pedestrians, totaling 14,542 fatalities, an average of 1.2 road user fatalities per crash. An important and clear trend that emerges is that more than half of the fatalities in Ethiopia involve pedestrians. The majorities of the crashes occur during daytime hours, involve males, and involve persons in the 18-50 age groups [(1)].

However, it is often possible to minimize injury and crash consequences by providing effective pre-hospital services promptly. In most low-and middle-income countries (LMICs), transportation of road traffic victims, is usually provided by relatives, taxi drivers, truck drivers, police officers and other motorists.[(6)].

Traffic police personnel are the first respondent to road accidents and if well-trained they can save many lives on roads and there is no other good thing than saving a life and traffic police personnel are vital in saving many lives because victims need faster help which depends on communication, infrastructure such as transportation to the hospital. But the respondent should ensure that no further harm happens to the victims. Mishandling an accident victim could further harm the victim leading to permanent disability, especially if the person had suffered a severe fracture.

1.3 SIGNIFICANCE OF THE STUDY

Ethiopia becoming medium income country in near future, in developed economies countries, integration of pre-hospital trauma life support and emergency trauma care system is responsible for a marked reduction in morbidity and mortality [7]. These integrated trauma systems are lacking in all region of Ethiopia including capital city (Addis Ababa). The first person attending road traffic accidents is likely to be traffic police especially in Addis Ababa. Training the traffic police to administer first aid, may present an opportunity for improving first aid at scene. This study also provides baseline information to other researcher to work further research related issues.

2. LITERATURE REVIEW

2.1 ROAD TRFFIC ACCIDENT WORLDWIDE

Road traffic accidents (RTAs) are the leading cause of deaths worldwide .The costs of fatalities and injuries due to road traffic accidents have a tremendous impact on societal well-being and socioeconomic development. RTAs are among the leading causes of death and injury worldwide, causing an estimated 1.2 million deaths and 50 million injuries each year (World Health Organization, 2004) [(5)]. While the RTA rates and related death and disability are decreasing in most industrialized countries; they are increasing rapidly in many less developed countries (LDCs). RTAs also exert a considerable economic burden on developing countries, estimated to cost 1-4% of a country's GNP per annum (Zwi1993). In an effort to examine the underlying causes of this growing burden of premature death and disability developing countries are experiencing due to road traffic accidents [(4)].

2.2 ROAD TAFFIC ACCIDENT IN DEVELOPING COUNTRY

Developing countries Currently, developing countries contribute to over 90% of the world‘s road traffic fatalities (WHO, 2009) and overall road injury disability-adjusted life year (DALYs) increased by 2.5% between 1990 and 2010, with pedestrian injury DALYs increasing by 12.9%, more than any other category (Murray, Lozano, Naghavi, & et al, 2012). This finding implies that a pedestrian injury on the road is a problem that has increased at a global level and is disproportionately attributable to developing countries. The social and economic impacts of road crashes in developing countries are not well understood. It is believed that the implications are immense and that road safety issues require more immediate attention of researchers, professionals, and politicians. Developing countries have embarked on achieving the United Nations Millennium Development Goals as a primary objective; however, the Goals do not

explicitly include road safety. Despite the lack of a specific mention of road safety within economic targets, road crashes and economic productivity are linked because primary income earners within families are disproportionately represented among fatalities. At least one study has demonstrated that road crashes have a negative impact on the achievement of the Millennium Development Goals (Ericson & Kim, 2011) [3].

2.3 FIRST AID RELATED TO RTA IN NIGERIA

In Nigeria study was assessed the cohort‘s baseline knowledge and application of first aid related to RTA. The basic first aid knowledge within this cohort was poor as less than half could correctly identify appropriate first aid concepts. This was further exemplified with the lack of knowledge related to basic application of appropriate airway, homeostasis, and fracture management. In addition, there were varied perspectives regarding when each intervention should be applied and by whom. While the majority believed an appropriately trained driver could provide basic care in this setting, it is not uniformly agreed upon as 8.6% of the cohort believed that any intervention should only be performed by trained professionals – or at least were not convinced that a lay-person standard would be of benefit. This concern for quality of care was previously reported by Oluwadiya et al., where 5% of crash victims arriving to four hospitals in Southwestern Nigeria had been given on-site management that proved harmful.

However, it is important to note that this study was not based on an identified trained layperson population but rather any bystander intervention. Previous studies around a similar cohort noted that driver training programs aimed at improving their driving skills failed to reduce road traffic accidents significantly. While this is likely a multi-factorial issue due to increased population mobility, poor vehicle regulatory safety standards, variable road infrastructure, and limited trauma response systems just to name a few, further efforts geared towards improving treatment

outcome of road crash victims are of uttermost importance. In many LMIC, limited trauma response systems or emergency medical services make the concept of the basic first aid lay provider a reasonable consideration for initial care intervention. Recognition of this fact led to trials of basic first aid and rescue courses resulting in future emphasis on consistent use of universal precautions, airway protection, and patient recovery position placement. In countries lacking formal emergency response systems, the importance of lay person interventions is further supported knowing that many avoidable trauma deaths occurred in the pre-hospital setting and that application of basic life support for the injured can be efficiently done by lay persons. However, broad implementation and underlying impact of such a program has not yet been reported but would add greatly to future discussion. Overall, the attitude of participants towards administering first aid for Road traffic accident victims was supportive of the initiative and felt it would have a positive impact. Those that felt otherwise maintained the belief that only the _experts‘‘ are qualified to treat the Road traffic accident victims – but acknowledged that these _experts‘‘ are not routinely available. Furthermore, the majority of the participants agreed that lay people should be trained to give first aid, and more than half of those who agreed were ready for such training. Using a model demonstrated by Tiska et al., the logical next step would be to identify a specific traffic segment and the associated hospital(s) in that region and focus on educating the drivers within that area and collecting all Road traffic accidents data from the scene as well as the receiving hospitals.[7]

2.4 ROAD TRAFFIC ACCIDENT IN ETHIOPIA

Ethiopia has one of Africa‘s fastest growing non-oil producing economies and an increasing level of motorization (AfDB, OECD, UNDP, & UNECA, 2012). This rapidly increasing mobility has created some unique road safety concerns; however there is scant published information and related commentary (United Nations Economic Commission for Africa, 2009). Six years (July 2005 - June 2011) of police-reported crash data were analyzed, consisting of 12,140 fatal and 29,454 injury crashes on the country‘s road network. The 12,140 fatal crashes involved 1,070 drivers, 5,702 passengers, and 7,770 pedestrians, totaling 14,542 fatalities, an average of 1.2 road user fatalities per crash. An important and glaring trend that emerges is that more than half of the fatalities in Ethiopia involve pedestrians. The majority of the crashes occur during daytime hours, involve males, and involve persons in the 18-50 age group—Ethiopia‘s active workforce. Crashes frequently occur in mid blocks or roadways. The predominant collision between motor vehicles and pedestrians was a rollover on a road tangent section. Failing to observe the priority of pedestrians and speeding were the major causes of crashes attributed by police. Trucks and minibus taxis were involved in the majority of crashes, while automobiles (small vehicles) were less involved in crashes relative to other vehicle types, partially because small vehicles tend to be driven fewer kilometers per annum. These data illustrate and justify a high priority to identify and implement effective programs, policies, and countermeasures focused on reducing pedestrian crashes [(2)].

Ethiopia has the highest rate of Road traffic accidents owing to the fact that road transport is the major transportation system in the country. The Ethiopian traffic control system archives data on various aspects of the traffic system, such as traffic volume, concentration, and vehicle accidents. With more vehicles and traffic, the capital city of Addis Ababa takes the lion‘s share

of the risk, with an average of 20 accidents being recorded every day and even more going unreported. The basic hypothesis of this research is that accidents are not randomly scattered along the road network, and that drivers are not involved in accidents at random. There are complex circumstantial relationships between several characteristics (driver, road, car, etc.) and the accident occurrence. As such, one cannot improve safety without successfully relating accident frequency and severity to the causative variables (Kononov and Janson, 2002) [(5)].

2.5 PRE-HOSPITAL SERVICE IN ETHIOPIA

In Ethiopia road traffic crashes pose a significant burden, as is the case for organized Pre-hospital emergency medical system for trauma is practically non-existent in Ethiopia. A comprehensive emergency medical system includes not only a health facility based care for emergency cases but also a functional pre-hospital care that gives primary care for injuries at the accident scene and while transferring victims to health facilities. Road traffic accident injuries are normally transported to the nearest health centre for emergency medical care without any health professional care at the scene of the accident or during transporting. Transportation of the accident victims are made by the vehicle involved in the accident (if the vehicle is operational), volunteer driver or ambulance (such as Red Cross Ambulance) if there is any around the accident scene. There is little or no medical care during transportation even when using ambulances for various reasons including lack of medical professionals and the emergency medical cares at Health facilities are not also well organized. Consequently, the death rate is very high; about 20% of the total injury is fatalities one year (July 2005-June 2006) retrospective descriptive audit of injuries in public health facilities of Addis Ababa showed that motor vehicle accident is the second overall cause of injuries (first in the age group 15-44 years) and accounts for 34% of all injuries, leading causes of injury related admissions (61%), and 52% of injury related deaths. In

another study cited in the strategy document, from the trauma patients in Tikur Anbessa Hospital, Addis Ababa, road traffic injuries accounted for 41% of all cases, and of them 93% were pedestrians. In the City of Addis Ababa, a legal document to reorganize Fire and Emergency Service is awaiting the approval of the cabinet. The approval of the legal document would mean to reorganize and reinstate the emergency dispatch centre of the city which was organized for the celebration of the Ethiopian Millennium with three-digit telephone service and ambulance to sustainable and coordinated scale to undertake the pre-hospital care and emergency medical. According to the information obtained, the model lesson that the Ministry will get from the implementation of the Addis Ababa pre-hospital care and emergency medical service will help it to expand the system to the Regional Health Bureaus. During this case study, a newly established private ambulance service, known as Tebita Ambulance Services has started providing pre-hospital care and ambulance service for injured patient. It is also providing training on pre-hospital care [(2)].

Injuries rank among the leading causes of morbidity and mortality worldwide, and are steadily increasing in developing countries like India. However, it is often possible to minimize injury and crash consequences by providing effective pre-hospital services promptly. In most low-and middle-income countries (LMICs), transportation of road traffic victims, is usually provided by relatives, taxi drivers, truck drivers, police officers and other motorists who are often untrained [(6)].

3. OBJECTIVE

3.1GENERAL OBJECTIVE

To assess the Knowledge, Attitude and Practice to ward first aid related to road traffic accident among traffic police in LIDETA, KIRKOS and ARADA sub city of Addis Ababa, Ethiopia, Jun 2014.

3.2 Specific objective:-

- To assess knowledge of traffic polices on component of first aid related to RTA.
- To assess knowledge of traffic polices on assessment and management of air way problems, neck injury and bleeding relate to RTA.
- To assess attitude of traffic police on first aid related to RTA.
- To asses practices of traffic police on management of air way problem, c-spine injury and bleeding control related to RTA.
- To understand the relationship between training status and their first aid practices.

4. METHDOLOGY

4.1. Study area

LIDETA, KIRKOS and ARADA sub city of Addis Ababa, ETHIOPIA

4.2. Study design

A cross-sectional, quantitative study was conducted.

4.3. Population

4.3.1 Source population: -

Traffic polices who are working in Addis Ababa city.

4.3.2 Study population:-

Traffic polices who had working in LIDETA, KIRKOS AND ARADA sub city.

4.4. Inclusion and exclusion criteria

All traffic police working in selected sub city at that data collection period of time and excluded those didn‘t complete the questioner.

4.5. Sample size determination and sampling method

4.5.1 Sample size determination

All traffic polices from selected sub city based on information from each sub city human resource. Estimated total number is 150.

4.5.2. Sampling method

Convenient sampling method was used.

The study population settlement was far apart and difficult for data collection and small source population and shortage of time and materials.

4.6. Variables

4.6.1 Dependent variable:

- Knowledge of traffic police about the component, assessment and management of first aid related to road traffic accident at scene.
- Attitude of traffic police willingness to provide first aid at scene and suspecting of neck injury patient with road traffic accident at scene.
- Practice of first aid procedures for the patients with road traffic accident at scene.

4.6.2 Independent variable:

- Age, sex, service year, marital status and educational status, first aid training status

4.7. Data collection method and process

4.7.1 Data collection technique

There were three data collectors, their educational level is 12^{th} grade completed. All of them are fluent speakers of Amharic language and they were trained on data collection for one day. Data was collected by distributing questioner to traffic police officers.

4.7.2 Data handling technique

The collected data was checked for clarity and completeness. The soft copy of the dada was store on hard drive and back up copy was store on separate drive. Data was entered and organized using epi.info version 3.5.4.

4.8 Data Analysis

The collected data was analyzed using SPSS version 16.0 and results were described using percentage and describe using frequency table and summery statistics, 20 questioners were not analyzed because of incompleteness.

4.9 Data quality assurance

Quality assurance measure was undertaken during questioner designing, data collection and data management process. The questioners were prepared in English and translate to Amharic language.

4.10 Ethical consideration

Permission and recommendation was obtained from Addis Ababa University department of emergency medicine. After gotten written consent from Addis Ababa traffic police commotion and verbal consent from each sub city traffic police office the research was requested, then the subject agreed, data collectors were started data collection. Police traffic officer Names were not written in the questioner.

4.11 Dissemination of result

The outcome of this study was disseminated to Addis Ababa college university health science department of emergency medicine, Addis Ababa city traffic police commotion and LIDETA, KIRKOS AND ARADA sub city traffic office.

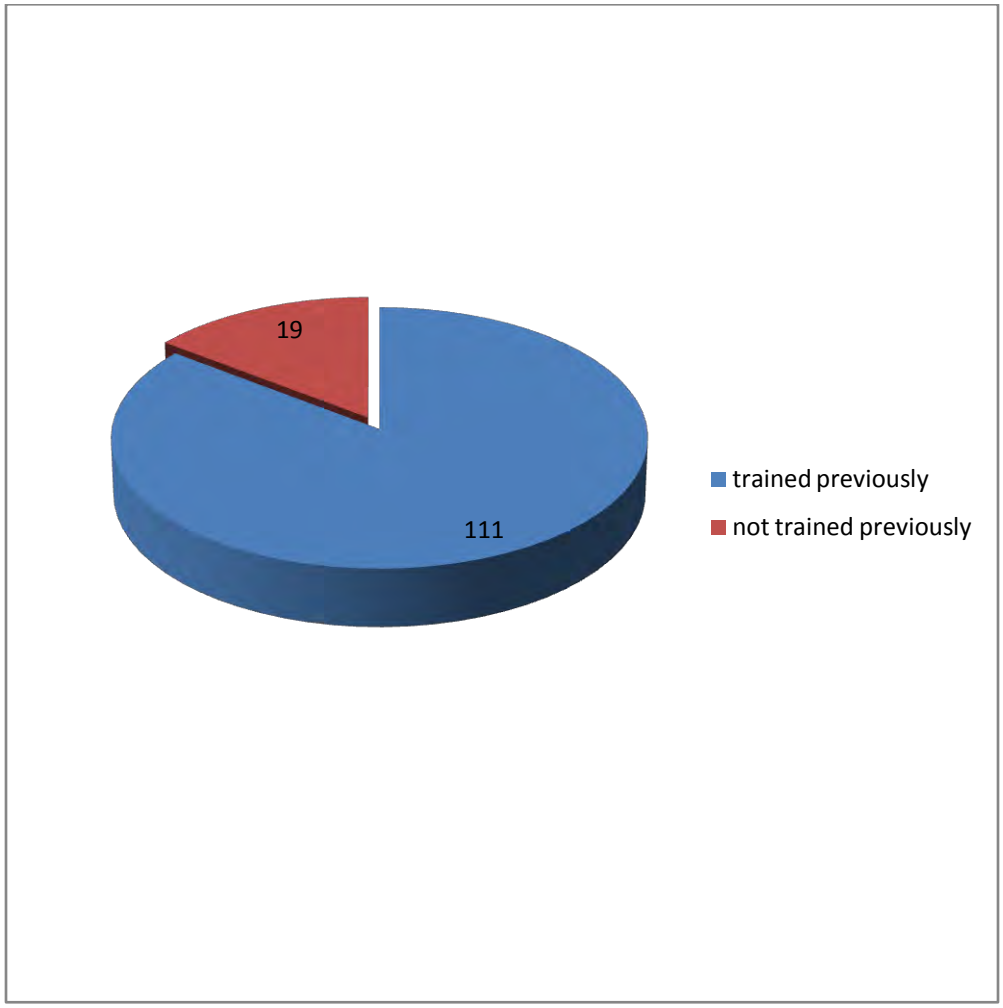
5. RESULT

5.1. Socio-demographic data: One hundred and fifty questionnaires administered, 130 were completed and analyzed the remaining were not because of incompleteness. Out of Participants were male120 (92.3%) and female 10(7.7%) with an average age of 27 ±7.42 (SD) with a range from 23 to 50 years.

Table1 socio-demographic data of traffic police of ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.

Variable	Frequency	Percent
Educational status		
Diploma	**55**	**42.3**
10 completed	50	38.5
12 completed	16	12.3
Degree	8	6.2
Degree and above	1	.8
Marital status		
Divorced	7	5.4
Married	**63**	**48.5**
Single	59	45.4
Widowed	1	.8
Work experience		
1-5 year	45	34.6
6-10 year	35	26.9
> 10 year	**50**	**38.5**

Chart 1:- Training status: The majority 111(85.4%) had trained on first aid and the training was conducted by TEBITA ambulances, Addis Ababa Red Cross, etc.



5.2. Knowledge about basic first aid concept related to road traffic accident:

The closed-ended question was followed by a series of open-ended questions to further ascertain perceived components of first aid, When asked about who should give first aid during road traffic accident, 103(79.2%) believed that scene bystanders should do so, while 18(13.8%) responded that it should be given by health professional and 8(6.2%) by traffic police. In addition 118 (90.8%) believed first aid should be initiated as soon as possible, while 12 (9.2 %) believed it should be started after arrived to the hospital.

Among participants responded how to initiate breathing 91 (70%) mentioned mouth to mouth breath, 22(16.9%) mouth to nose breath, 13(10%) both mouth to mouth and mouth to nose others responded like chest compression and moving trachea right and left.

When asked on safe patient positioning after a traumatic event 125(96.1%) responded correctly keep the victim neck and back street with hands or hard board, if only limbs are injured transfer in sitting position and others were didn‘t know how to transfer victim with road traffic accident.

Related to sign of heavy bleeding 77 (51.5%) responded that only bleeding from injured sit, while 20(15.4%) both bleeding from injured sit and victim become in shock, 34(26.2%) all of them and 9(7.0%) didn‘t know.

Table 2.1 knowledge on components of first aid among traffic police ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.

components of first aid	Frequency	Percent (%)
Making sure that patient is breathing properly	33	25.4
Moving patients from accident site	6	4.6
Stopping bleeding	21	16.2
Transporting patients to hospitals	12	9.2
All	**45**	**34.6**
Other (like taking plan, collection of information and evidence)	10	7.3
I don‘t know	3	2.3
Total	130	100.0

Table 2.2 knowledge on assessment of air way abnormalities victims with RTA among traffic police ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.

Sign of air way problems	Frequency	Percent (%)
Noisy breathing(air way obstruction)	**43**	**32.9**
Fast breathing(tachypnea)	8	6.1
Slow breathing(bradypnea)	12	9.3
No breathing	62	47.8
All Noisy breathing , Fast breathing , Slow breathing and No breathing	**3**	**2.3**
I don't know	2	1.5
Total	130	100.0

Table2.3 knowledge on air way opening management for victim with RTA among traffic police ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.

Procedures	Frequency	percent
Head tilt chin lift	93	71.5
Jaw trust	17	13.1
Both	6	4.6
Other	14	10.8
Total	130	100

Table 2.4 knowledge on control bleeding for victim with RTA among traffic police ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.

Method	Frequency	percent
Apply pressure and dressing	93	71.5
Lifting affected part	11	8.5
Both above method	19	14.6
I don‘t know	7	5.4
Total	130	100

5.3. Road traffic accident experience and first aid provided:

One hundred and six (81.5%) participants attended to road traffic accident victims previously while 24 (18.5%) did not.

For those previously attending RTA victims, 96 (73.8%) gave first aid while 34(27.2%) did not. Beside Fifty three (55.2%) took the victim to the nearest hospital, 31 (32.3%) responded that gave onsite first aid before taking the patient to the nearest hospital and other responded like call to 939, taking of plan and collecting of evidences. (chart1).

Sixty and one (57.5%) had an experience of victim with bleeding and 45(42.5%) had not. Out of them 49 (80.3%) apply pressure and dress (with victim t-shirt or cloth) and transport to near hospital, while six (9.8%) had only transport to near hospital, others 6(9.8%) didn‘t do anything.

Ninety and two (86.8%) did not had experience of victim with neck injury, 14(13.2%) had. Out of them Seven (50.0%) had not gave anything, rather 6(42.9%) kept immobile with hands and hard board and transport to near hospital and others just transport with moved the injured neck with lower limb.

Forty and six (43.4%) had exposure of victim with bone fracture, 60(56.6%) had not. Out of them 32(69.6%) immobilized with hand, carton and wood, 4(8.7%) only transfer to near hospital, others didn‘t do anything.

Table 3 first aid action taken by trained before and not, had a trend of RTA among ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.

variable	Training status			
	Trained previously, Trend of RTA & Firs aid given	No.(%)	Not trained before Trend of RTA first &aid given	No.(%)
	TOTAL	94(98)	TOTAL	8(80)
First action	**Transport to hospital**	**49(52.1)**	**Transport to hospital**	**6(75)**
	Priority for first aid	**31(33)**	**Priority for first aid**	**2(25)**
	Take plan	6(6.4)	--	--
	Call 939	4(4.3)	--	--
	Nothing	4(4.3)	--	--

Table 4 air way problem management practice for RTA victim by traffic police ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.

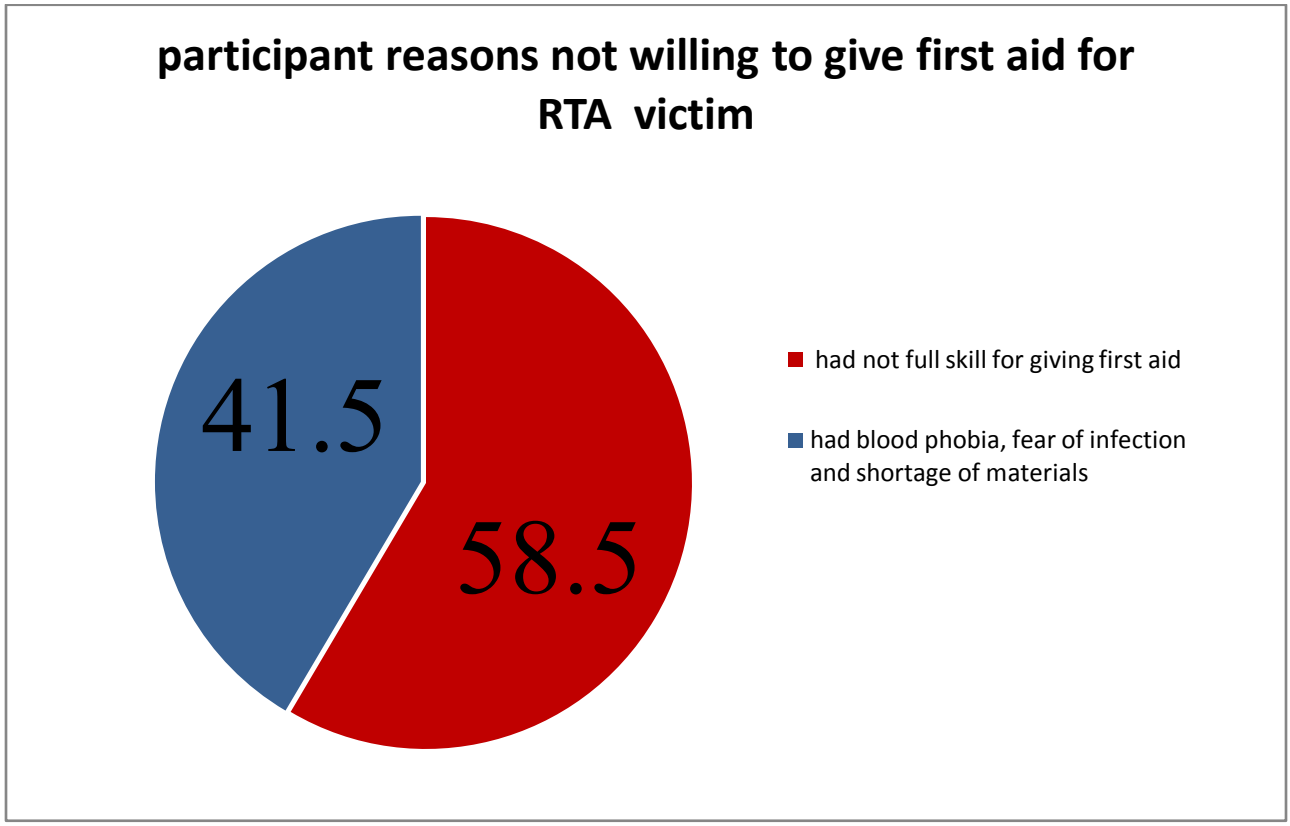
maneuvers	frequency	Percent
Mouth to mouth	7	38.9
Chin lift and head tilt	3	18.7
Others	8	42.4
Total	18	100

5.4. Attitude regarding first aid:

When asked for the necessity to provide first aid immediately for road traffic accident patient at scene, 128(98.5%) felt it was necessary, 2(1.5%) had uncertain and asked for willingness to provide first aid for road traffic accident victim, 96(73.8%) had willingness, 29(22.3%) had no willingness, and 5(3.8%) was uncertain.

Ninety and one (70%) believed that suspect all road traffic accident victims have high probability of c-spine injury and should prevent further complications, other were uncertain.

Chart 2: Attitude toward not willing to give first aid for RTA victims among traffic police ARADA, LIDETA AND KIRKOS sub city, Addis Ababa, Ethiopia 2014.



6. DISCUSSION:

This study shows that component of firs aid, knowledge on assessment and managements of air way and heavy bleeding were not correctly identified because as least of them 34.6% correctly responded all component of first aid for RTA victims, less than one third 32.1% were correctly identified noise breathing (sign of partial air way obstruction) because it need immediate management similarly, lease than 20% correctly responded that jaw trust maneuver for RTA victims and only 26.2 % correctly responded for sign of heavy bleeding.

Similarly, previous studies in Nigeria noted the basic first aid knowledge of driver within that cohort study was poor as less than half correctly identifies appropriate first aid concepts [(7)].

Majority believed it is necessary to provide first aid immediately for road traffic accident victim at scene and most of them had willingness to provide first aid. But some of them were not the reason for these were because they didn‘t have full skill to give first aid, lack of material and fear of infection.

On the contrary in India cross-sectional descriptive study on lay personnel including police traffic showed that the predominant reason for not providing help was often the 'fear of legal complications'[(6)].

Most of responders 85.4% were got training from different institution, who had get training from different institution, and had a trend of road traffic accident, greater than 95% were gave first aid this was a good thing, but greater than half of them first action was only transfer the victim to near hospital even the victim need first aid. Continuous training play significant role on practice of basic first aid application at scene

In our country road traffic accident injuries are normally transported to the nearest health centre for emergency medical care without any health professional care at the scene of the accident or

during transportation. Transportation of the accident victims are made by the vehicle involved in the accident (if the vehicle is operational), volunteer driver or ambulance (such as Red Cross Ambulance) if there is any around the accident scene. There is little or no medical care during transportation even when using ambulances for various reasons including lack of medical professionals. Consequently, the death rate is very high [(2)].

Most of the respondents were not had a trend of victim with air way and neck injury, because of they didn‘t know how to assess victim with air way or neck injury problem, for nick injury another possible improvement to the study could have been ask the participant about how to assess neck injury.

Out of participant had trend of victim with neck injury fifty percent didn‘t do anything these is dangerous thing because they complicate the injury but others keep the victim neck straight with hands and hard board these was a good thing. Here further observational studies need weather they are properly perform this procedure and magnitude of road traffic accident victims with neck injury and there complication and outcome.

In countries lacking formal emergency response systems, the importance of lay person interventions is further supported knowing that many avoidable trauma deaths occurred in the pre-hospital setting and that application of basic life support for the injured can be efficiently done by lay persons.[7] Capital city of Ethiopia, Addis Ababa takes the lion‘s share of the risk, with an average of 20 accidents being recorded every day and even more going unreported [(5)]. In most low-and middle-income countries (LMICs), transportation of road traffic victims, is usually provided by relatives, drivers, police officers and other motorists who are often untrained [(8)].

Over all, attitude of participants towards administering first aid for RTA victims was supportive and would have a positive impact. Those that felt otherwise maintained the belief that

fear of infection, need of full skill and shortage of materials. Furthermore, majority of participants had willingness to provide first aid at scene and seventy percent believed that suspect all road traffic accident victims have high probability of c-spine injury and should prevent further complications.

Furthermore, this study shows that 80.3% responded that applying pressure for victim with bleeding and 66.6 % had splinted the victim with bone fracture by using different materials like victim t-shirt and cartons. Such kind of practice should be shared for remaining respondents.

7. CONCLUSION AND RECOMENDATION

This study identified baseline knowledge, practice and perspective of study population on first aid related to RTA, and showed that there was gap on knowledge of assessment management of air way problems, ,and practice of management of neck injury for RTA victims.

On the other hand, respondents were knowledge on management of bleeding and practice of management of victim with bleeding and fracture and they were a positive believe related to application of first aid at scene.

Next logical steps would be providing continues training and demonstration of moderate level of knowledge, attitude and practices towards first aid.

Fulfilling of shortage of materials, Will help to full file the gap, and also reduce complications and mortality of road traffic accidents.

These will be done further collaboration with governmental and non-governmental agencies. Because, Traffic police personnel are the first respondent to road traffic accidents and if well-trained they can save many lives on roads and there is no other good thing than saving a life and traffic police personnel are vital in saving many lives.

8. LIMITATION OF THE STUDY

There was lack of reference material for the research topic both nationally and internationally. It is important to recognize that this study has focused on the traffic police of Addis Ababa as this study population has received some form of training on first aid which might not make them representative of the whole traffic police force in Ethiopia. In addition, during Amharic questioner translation, some words were difficult to translate.

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10. ANNEX

10.1 Individual consent form

Addis Ababa University College of Health Sciences, school of medicine, Department of Emergency Medicine

Individual consent form

To assess Knowledge, Attitude and Practice among traffic police regarding to first aid related to RTA in ADRADA, LIDETA AND KIRKOS sub city of Addis Ababa.

To attain this purpose, you're genuine participation in filling the questionnaire with real information is very important and highly appreciated. We would like to assure you, your name will not be written on this form and all the information gathered will be kept strictly confidential. You have full right to refuse, to take part of, or to interrupt the study at any time. But the information that you will give us is quite useful to achieve the study and to bring change in pre hospital care service in Addis Ababa.

Principal investigator

Adugna cherkos

Tell. No 0913147639

We would appreciate your response to us and I like to thank you for giving your time

Name and signature of data collector

Name ……..signature……..date……..

10.2 **ENGLISH QUESIONERE**

ADDIS ABABA UNIVERSITY SCHOOL OF MEDICINE

COLLEGE HEALTH SCIENCE

DEPERTEMENT OF EMERGENCY MEDICINE

Assessment of Knowledge, attitude and practice to ward first aid related to road traffic accidents among traffic police in Addis Ababa Ethiopia.

Instruction: Choose and Circle the answer that seems best for you from the alternatives that are under each question and for those that you give direct answer, write the answer in the space provided

SOCIO DEMOGRAPHIC CHARACTERISTICS

1. Age…….

2. Gender a. Male b. Female

3. Year of experience a. 1-5 b. 6-10 c. greater than 10

4. Educational status

a. 10 completed b. 12 completed c. diploma d. degree f. degree and above

5. Marital status

a .married b. single c. widowed d. divorced

6. Did you taken first aid training before?

a. Yes b. no

7. If your answer for question no _6‘ is _yes‘, where you were trained?

……

Knowledge

1. When should be first aid give during RTA?
    a. Immediately
    b. In hospital
    c. I don‘t know
2. Who should give first aid during RTA?
    a. Health care worker
    b. Traffic police
    c. Scene bystanders
    d. I don‘t know

You can give more than two answers for the following questions (3-9):

3. Which of the following is component of first aid?
    a. Making sure that patient is breathing properly
    b. Moving patients from accident site
    c. Stopping bleeding
    d. Splinting fractures
    e. Transporting patients to hospitals
    f. Other, specify……
4. Which of the following are sign of air way problem for RTA victim?
    a) Noisy breathing 1.yes 2. No
    b) Fast breathing 1.yes 2.No
    c) Slow breathing 1.yes 2. No
    d) No breathing 1.yes 2.no

e) I don‘t know

f) Other, specify……

5. Which of the following procedure are used for to open air way for RTA victims?

a) Jaw trust 1.yes 2. No

b) Head tint and chin left 1. Yes 2.No

c) I don‘t know 1. Yes 2. No

d) Other, specify……

6. Which the following are used for to give breath?

a) Mouth to mouth 1.yes 2.No

b) Mouth to nose 1.yes 2.No

c) I don‘t know 1.yes 2.No

d) Other, specify……

7. While shifting a patient to the hospital, what things you should always assume cervical injury is present?

a) Keep the person‘s neck and back straight with hand

b) Keep the person‘s neck and back straight with hard board

c) If there is only a limb injury, the patient can be transferred in a sitting position.

d) I don‘t know

e) Other, specify ……

8. Which of the followings are the sign of bleeding from the injured sight?

a) Bleeding from the injured site

b) Victim become in shock

c) Weak and Fast pulse and increase respiratory rate

d) I don‘t know

e) Other, specify ……

9. Which of the followings are important to stop bleeding?

a. Apply tourniquet

b. Apply pressure and dress

c. lift the injured part above the body level

d. I don‘t know

e. Other, specify ……

Attitude

1) Do you believe that it is necessary to provide first aid immediately for road traffic accident victim at scene?

a. Yes

b. No

c. uncertain

2) Do you have willingness to provide first aid for road traffic accident victim?

a. Yes

b. No

c. uncertain

3) If your answer for question number 2 is _No‘, what is your reason?

a) Blood phobia

b) Fear of infection

c) Medico legal reason

d) I don‘t know how to give first aid

e) Other, specify……

4) Do you believe that suspect all road traffic accident victims have high probability of c-spine injury and prevent further complications?

a) Yes

b) No

c) uncertain

5) If a victim has c-spine injury, do you think that moving the neck of victim aggravates his problem?

a) yes

b) no

c) uncertain

Practices

1) Have you ever a trend of road traffic accident that needs first aid?
    a. Yes
    b. No
2) If answer for question No. 1 is _yes‘, did you gave first aid?
    a. yes
    b. no
3) If answer for question no.2 is ―yes", what was your action?

You can give more than two answers for the following question

    a. Call to 939
    b. Transfer to near hospital
    c. Give first aid
    d. Take plan
    e. Transfer to police station
    f. Other, specify……

4) Did you have a trend victim with air way problem?
    a. Yes
    b. No
5) If question no 4 is _yes‘, what did you do?

……

……

…….

6) Did you have a trend victim with bleeds heavily?

a. Yes

b. No

7) If question no 6 is _yes', what did you do?

……

……..……

……

8) Did you have a trend victim with c- spine injury?

a. Yes.

b. No

9) If question no 8 is _yes', what did you do?

……

……

…...

10) Did you have a trend victim with bone fracture?

a. Yes

b. No

11) If question no 10 is _yes', what did you do?

……

……

……

10.3 AMHARIC QUESTIONER

አዲስ አበባ ዩንቨርስቲ የሕክምና ት/ቤት

ድንገተኛ ህክምና ትምህርት ክፍል

በቂረቆስ፣በልደታ እና በአራዳ ክ/ከተሞች በሚገኙ ትራፊክ ፖሊሶች በመጀመሪያ እርዳታ ላይ ያላቸውን እውቀት አመለካከት እና ተግባር ላይ የሚጠና ጥናት ::

ይህንን ጥናት ውጤታማ ለማድረግ እርሶ ይህንን መጠይቅ እንዲ ሞሉ ተመርጠዋል::የእርሶ ትክክለኛ መረጃ በጣም ጠቃሚ ነው::ስለሆነም የእርሶ ስም በመጠይቁ ላይ አይጠቀስም በተጨማሪም መረጃው ሚስጥራዊ ነው እናም በጥናቱ ላይ ያለመሳትፍ ሙሉ መብት አሎት ነገር ግን የእርሶ በጥናቱ መሳተፍ በጣም ጠቃሚ በመሆኑና በጤና አገልሎት ስርዓቱ ላይ ትልቅ ለውጥ የሚያመጣና በትራፊክ አደጋ የሚሞቱ ሰዎችን ቁጥር ለመቀነስ ትልቅ አስተዋጾ አለው::

አጥኚ፡-

አዱኛ ጨርቆስ

ስልክ ቁጥር፡251913147639

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ኖት?

አዎ ☐ አይደለሁም ☐

ጊዜዎትን መሰዋእት አድርገው ስለተሳተፉ ከልብ አመሰግናለሁ!!

የመረጃ ሰብሳቢው ስምና ፊርማ

ስም …… ፊርማ ……..……..

ቀን……

መመሪያ፡-

ለእርሶ የሚስማማዎትን መልስ ይምረጡ

1. እድሜ.....
2. ጾታ □ ወንድ □ ሴት
3. የትምህርት ደርጃ □ 10 ኛ ያጠናቀቀ □ 12ኛ ያጠናቀቀ □ ዲፕሎማ □ ድግሪ □ ዲግሪና ከዚያ በላይ
4. የትዳር ሁኔታ □ ያገባ/ች □ ያላገባ/ች □ የ ፈታ/ች □ የ ሞተ በ ት/ባ ት
5. የ ስ ራ ል ምድ □ 1-5 □ 6-10 □ ከ 10 ዓ መት በ ላ ይ
6. ከ ዚህ በ ፊ ት የ መጀ መሪ ያ እ ር ዳ ታ ስ ል ጠና ሰ ል ጥ ነ ው ያ ውቃሉ?
   a. አ ውቃለ ሁ
   b. አ ላ ውቅ ም
7. ለ ጥ ያ ቄ ቁ ጥ ር 6 መልሶ አ ውቃለ ሁ ከ ሆነ ስ ል ጠና ውን ያ ገ ኙት ከ የ ት ነ ው?

.....

የ እ ውቀት ጥ ያ ቄ ዎች

1) የ መጀ መሪ ያ እ ር ዳ ታ መስ ጠት ያ ለ በ ት መቼ ነ ው?
   a) አ ደ ጋ ው በ ደ ረ ሰ በ ት ቦ ታ b. በ ሆስ ፒ ታል c. አ ላ ውቅ ም
2) የ መጀ መሪ ያ እ ዳ ታ መስ ጠት ያ ለ በ ት ማን ነ ው?
   a) **በ** ጠና ባ ለ ሙያ
   b) በ ትራ ፊ ክ ፖሊስ
   c) አ ደ ጋ ው ሲ ከ ሰ ት ያ ለ ማን ኛ ውም ስ ው
   d) አ ላ ውቅ ም

   ለ ሚ ከ ተ ሉ ት ከ 3-9 ላ ሉ ት ጥ ያ ቄ ዎች ከ ሁ ለ ት በ ላ ይ መል ስ መስ ጠት ይ ቻ ላ ል ፡
3) ከ ሚ ከ ተ ሉ ት ውስ ጥ የ መጀ መሪ ያ እ ር ዳ ታ አ ካ ል የ ሆ ኑ ት የ ት ኞ ቹ ና ቸ ው?
   a) አ ደ ጋ የ ደ ረ ስ በ ት ን ስ ው በ ስ ር ዓ ት እ የ ተ ነ ፈ ስ መሆ ኑ ን ማ ረ ጋ ገ ጥ
   b) አ ደ ጋ የ ደ ረ ስ በ ት ን ሰ ው ከ ዓ ደ ጋ ቦ ታ ማ ራ ቅ
   c) የ ሚ ደ ማን ሰ ው ደ መን ማ ቆ ም
   d) ስ ብ ራ ት ን ማ ሰ ር
   e) አ ደ ጋ የ ደ ረ ሰ በ ት ን ስ ው ወ ደ ሆስ ፒ ታል ማ ጓ ጓ ዝ
   f) ሌ ላ ካ ለ ይ ጥ ቀ ሱ.....
4) ከ ሚ ከ ተ ሉ ት ውስ ጥ የ አ የ ር ኃ ን ኃ መ ዘ ጋ ት ም ል ክ ት የ ሆ ኑ ት የ ት ኞ ቹ ና ቸ ው?
   a) የ ሚ ን ኮ ረ ፈ ረ ፍ ድ ም ጽ 1. አ ዎ 2. አ ይ ደ ለ ም
   b) ቶ ሎ ቶ ሎ ሙ ተ ን ፈ ስ 1. አ ዎ 2. አ ይ ደ ለ ም
   c) በ ዝ ግ ታ ሙ ተ ን ፈ ስ 1. አ ዎ 2. አ ይ ደ ለ ም
   d) ት ን ፋ ሽ አ ለ መ ኖ ር 1. አ ዎ 2. አ ይ ደ ለ ም
   e) አ ላ ውቅ ም
   f) ሌ ላ ካ ለ ይ ጥ ቀ ሱ.....
5) ከ ሚ ከ ተ ሉ ት ውስ ጥ በ መ ኪ ና አ ደ ጋ የ ተ ጎ ዳ ን ሰ ው የ አ የ ር ኃ ን ኃ ት ቦ ን ለ መ ክ ፈ ት የ ሚ ያ ገ ለ ግ ለ ው ዘ ዴ የ ቱ ነ ው?

a) አንገት ቀና አድርጎ ጉንጭን ከፍ ማድረግ 1. አዎ 2. አይደለም
b) መንጋጭላን በመክፈት 1. አዎ 2. አይደለም
c) አላውቅም
d) ሌላ ካለ ይጥቀሱ

6) ከሚከተሉት ውስጥ ትንፋሽ ለመስጠት የሚያገለግለውዘዴየቱነው?
a) አፍ ለአፍ
b) አፍ ለአፍንጫ
c) አላውቅም
d) ሌላ ካለ ይጥቀሱ.....

7) የአንገት አከርካሪውን የተጎዳን ሰው ወደ ሆስፒታል በምናጓጉዝበት ወቅት ማሰብ ካለብን ነገሮች መካከል ትክክል የቱነው?
a) አንገቱእንዳይንቀሳቀስ በእጁ እደግፈዋለሁ
b) የተጎዳን ሰውበጠንካራ ቦርድ ማጓጓዝ
c) የተጎዳን ሰውአንገትና ጀርባውን በቀጥታ መጠበቅ
d) እግሮቹና እጆቹ ብቻ ከተጎዱ አሰወምጦ ማጓጓዝ
e) አላውቅም

8) ከሚከተሉት ውስጥ አደጋ የደረሰበትን ሰው ደም እየደማው መሆኑንና አለመሆኑን ለማወቅ የሚጠቅመን የትኞቹ ናቸው?
a) ከተጎዳውአካል ደም መፍሰስ 1. አዎ 2. አይደለም
b) እራሱን እየሳተ ከመጣ 1. አዎ 2. አይደለም
c) የልብ ምቱና ትንፋሹ ፈጣን እየሆነ ከመጣ 1. አዎ 2. አይደለም
d) አላውቅም
e) ሌላ ካለ ይጥቀሱ.....

9) ከሚከተሉት ውስጥ የሚፈስን ደምለማቆም የሚረዳን ዘዴየቱነው
a) የተጎዳውን አካል በጨርቅ ተጭኖ በመሸፈንና በማሰር
b) የተጎዳን አካል ወደ ላይ ከፍ አድርጎ በመያዝ
c) አላውቅም

<u>የአመለካከት ጥያቄዎች</u>

10) የመጀመሪያ እርዳታ በፍጥነት መስጠት ጥቅምአለውብለህ/ሽ ታምናለህ/ሽ?
a) አዎን b.አላምንም c. እርግጠኛ አይደለሁም

11) የመጀመሪያ እርዳታ ለመስጠት ፍላጎቱአለህ/ሽ?
a) አዎ ን b.የለኝም c. እርግጠኛ አይደለሁም

12) ለጥያቄ ቁጥር 9 መልስህ/ሽ የለኝም ከሆነ ምክንያትህ/ሽ ምንድን ነው?
a) ደም ስለምፈራ
b) በሽታ ስለሚተላለፍበብኝ
c) በወንጀል ስለሚያስጠይቀኝ
d) የመጀመሪያ እርዳታ መስጠት ስለማልችልበት
e) ሌላ .....

13) የአንገት አከርካሪ የተጎዳን ሰው አነገቱን ከእግሮቹ ጋር አብሮ ማንቀሳቀስ ጉዳቱን ያባብሰዋል ብለህ/ሽ ታምናለህ/ሽ?
a) አዎን b. አላምንም c. እርግጠኛ አይደለሁም

14) ሁሉም የመንገድ ላይ የመኪና አደጋ ለአንገት አከርካሪ ጉዳት ይጋለጣሉ ብሎ ማሰብና ቅደመ ጥንቃቄ ማድረግ ጥቅም አለውብለህ ታስባልህ?
a) አዎን b .አላስብም c. እርግጠኛ አይደለሁም

የተግባር ጥያቄዎች

1) በስራ ቦታህ/ሽ ላይ እርዳታ የሚያስፈልገው የትራፊክ አደጋ አጋጥሞህ/ሽ ያውቃል?
a) አዎን
b) አላጋጠመኝም

2) ለጥያቄ ቁጥር 1 መልስህ/ሽ አዎን ከሆነ የመጀመሪያ እርዳታ ሰጥተህ/ሽ ነበር?
a) አዎን
b) አልሰጠሁም

3) ለጥያቄ ቁጥር 2‘ መልስህ/ሽ አዎን ከሆነ ምን አይነት የመጀምያ እርዳታ ነበር የሰጠኸው/ሽው?
ከሁለት በላይ መልስ መስጠት ይቻላል፡
a) 939 ደወዬ ነበር
b) ወደ ሚቀርብ ሆስፒታል አጓጉዝነበር
c) የመጀመሪያ እርዳታ ሰጥቼ ነበር
d) ፕላን አንስቼ ነበር
e) ወደ ፖሊስ ጣቢያ ወስጄ ነበር
f) ሌላ ካለ ይጠቀሱ……

4) የአየር ቧንቧ መዘጋት ችግር የደረሰበት ሰው አጋጥሞህ/ሽ ያውቃል?
a) አዎ
b) አላጋጠመኝም

5) ለጥያቄ ቁጥር 4 መልስህ አዎ ከሆነ ምን አይነት እርዳታ ሰጥተህ/ሽ ነበር?
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6) በከፍተኛ ሁኔታ የሚደማ ሰው አጋጥምህ/ሽ ያውቃል?
a) አዎ
b) አላውቅም

7) ለጥያቄ ቁጥር 6 መልስህ አዎ ከሆነ ምን አይነት እርዳታ ሰጥተህ/ሽ ነበር?
……
……

8) የአንገት አከርካሪውን የተጎዳ ሰውአጋጥሞህ/ሽ ያውቃል?
a) አዎ
b) አያውቅም

9) ለጥያቄ ቁጥር 8 መልስህ አዎ ከሆነ ምን አይነት እርዳታ ሰጥተህ/ሽ ነበር?

……
……

10) የ አ ጥ ን ት ስ ብራ ት ያ ጋ ጠ መው ሰ ው አ ጋ ጥ ሞህ /ሽ ን በ ር ?

a) አ ዎ
b) አ ላ ጋ ጠ መ ኝ ም

11) ለ ጥ ያ ቄ ቁ ጥ ር 10 መ ል ስ ህ አ ዎ ከ ሆ ነ ምን አ ይ ነ ት እ ር ዳ ታ ሰ ጥ ተ ህ /ሽ ን በ ር ?

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10.4. Information sheet

Name of the investigator Adugna cherkos (Bsc public health nurse, Msc candidate)

Research title: - To assess the Knowledge, Attitude and Practice to ward first aid related to road traffic accidents among traffic police in LIDETA, KIRKOS AND ARADA sub city of Addis Ababa Ethiopia.

Research objective:-The aim of this study to assess the Knowledge, Attitude and Practice of traffic police to ward first aid related to road traffic accidents who are working in LIDETA,KIRKOS AND ARADA sub city of Addis Ababa Ethiopia.

Study procedure: - To achieve the planned objective of this study, socio demographic data, knowledge, and attitude and practice of traffic police on first aid related to RTA will be taken by distributing questioner.

Confidentiality the collected information will be kept confidential and used only for research purpose. No one except the members of the research team will have access to the information collected. The name and/or other personal information of patients will not be notified in any report. All paper and computer records of the study will be kept in a secured place under lock when not in use.

Person to contact if the data collectors or other administrative staffs have any question regarding the study they are free to contact me in person or by the following addresses.

Adugna cherkos Cell phone: +251913147639 Email: adugnacherkos@gmail.com

ADDIS ABABA UNIVERSITY SCHOOL OF MEDICINE, DEPARTMENT OF EMERGENCY MEDICINE

INVESTIGATORS: -	NAME	SIGNATURE
	1……	……
	2……	……
	3……	……
	4……	……
	5……	……
	6……	……

APPROVED BY:-

ADVISORS	NAME	SIGNATURE
	1. ……	……
	2. ……	……

EXAMINERS	NAME	SIGNATURE
	1. ……	……
	2. ……	……
	3. ……	……

COUURSE TEAM LEADER	NAME	SIGNATUR
1.	……	……