

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF FIRST AID ASSOCIATED WITH FIGHTING ACCIDENTS AMONG COMMUNITY POLICE OFFICERS IN ADDIS ABEBA CITY, ETHIOPIA



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

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List of Acronyms

AAFEPPRA.....	Addis Ababa fire, emergency prevention rescue authority
DALYs	disability-adjusted life year
EMS.....	Emergency Medical Services
FA.....	first aid
KAP.....	knowledge, attitude, practice
NGO.....	non-governmental organization
UNODC	United Nations Office on Drugs and Crime
VIP.....	violence and injury prevention
WHO.....	world health organization

ABSTRACT

Introduction: In Ethiopia at the national level Pre-hospital comprehensive emergency medical system is practically non-existent, With regards to making Addis Ababa a model city in emergency medical service system, memorandum of understanding has been signed between important stake holders, One of very important member of the task force is Addis Ababa police commission which could have a different strategy in violence and injury prevention. Law enforcement officers are frequently the first responders to incidents that involve serious personal injury to situations that require balancing both tactical and medical issues. With a minimum of knowledge and training, officers can take essential first steps that often make the difference in a victim's ability to survive.

Objective: To assess the Knowledge, Attitude and Practice to wards first aid related to fighting accidents among community police officers in Addis Ababa city, Ethiopia, April, 2017.

Methodology: A cross-sectional quantitative study was done among community police officers working in Addis Ababa city, Ethiopia from December 2016 to June 2017, using a cluster sampling method 128 community police officers of the city was participated for answering questioners. Data was analysed using spss version 21.0 and lastly presented using tables and graphs.

Result: Participants were 110 (85.9%) male and 18(14.1%) female with an average age of 28 ± 7.42 (SD) with a range from 20 to 49 years. Fifty and one (39.8%) were trained previously on first aid from different institution. Twenty nine (22.65%) respondents pointed all possible sign of airway problems related to accidents and One hundred and eighteen (92.2%) had impression and will to give first aid immediately for fighting victims but some of them are uncertain. Most participant's first action during first aid was only transfer to near hospital.

Conclusion and recommendation: This study identified what is known, believed and done of first aid by study population related to fighting accident, and showed that there was gap on knowledge of assessment and management of air way problems and this far speculate lack of experience of identifying airway problem. On the other hand respondents have a positive believe and will related to application of first aid at scene. Adjacently this study makes recommendation towards referred would be providing continues comprehensive training for ever-changing first aid activities. This will be done further in collaboration with governmental and non-governmental embodies.

1.0 INTRODUCTION

1.1 BACKGROUND

Violence has probably always been part of the human experience. Its impact can be seen, in various forms, in all parts of the world. The World Health Organization defines and listed violence as: the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation [1, 2]. Each year, more than a million people lose their lives, and many more suffer non-fatal injuries, as a result of self-inflicted, interpersonal or collective violence. Overall, violence is among the leading causes of death worldwide for people aged 15-44 years [3]. The definition and typology of violence has a great complex aspect but mostly interpersonal violence type also known as fight, assault with regard to intentional use of physical force or power as accident. This accident continues the leading causes of death and disability in the world. They affect all populations regardless of age, sex, income or geographic region. [1]

Across Europe, Interpersonal violence is responsible for about 73 000 deaths per year in almost 1% of total death. Alcohol is a major risk factor for all types of injuries, no matter of their intent alcohol and interpersonal violence continue to challenge public health, placing huge burdens on communities and individuals as well as health, judicial and other public services [4].

America Hamilton County residents from 2004 to 2010, the largest contributing mechanism of intentional injuries was the struck by/against group. This mechanism group consists of injuries such as being slapped, punched, beaten, hit by a blunt object likewise in South Africa interpersonal violence is an important public health problem [5, 6].

Various Study of injuries done in different area of Ethiopia, such as Gondar/48.5%/, Jemma /41.2%/of all injury type studied and in Amhara regional state hospital's review 86 (52.1 %) out of 165 cases displays significantly inter personal assault is the commonest of all violence type [7-10]. However in Addis Ababa community based study on injury type have not yet done before, different hospital based studies clearly indicate of intentional injuries, homicide and non-fatal interpersonal violence accounted a greater percentage than for unintentional [7].

In Ethiopia at the national level Pre-hospital comprehensive emergency medical system is practically non-existent but in order to centralize the response for emergency calls in Addis Ababa there has been one centralized three digit number stationed at Addis Ababa Fire, Emergency, prevention and Rescue Authority (939). This somehow has helped to increase

number of patients that used the service and increased the quality of care. With regards to making Addis Ababa a model city in emergency medical service system, memorandum of understanding has been signed between important stake holders (Federal Ministry of Health, Addis Ababa Health Biro, Addis Ababa Red Cross, Addis Ababa police commission, Addis Ababa Municipal Office and Addis Ababa Fire, Emergency, prevention and Rescue Authority) that enables them to cooperate to manage emergency medical cases in the city.

One part of this coordinated effort is the establishment of Addis Ababa Emergency Coordinators Team. The main purpose of establishing this team is in order to facilitate and solve problems that arise with regards to emergency service and referral in hospital. The team delivers reports daily to all important stake holders including hospital management. This report includes major challenges that are faced in emergency department. One of very important member of the task force is Addis Ababa police commission which could have a different strategy in violence and injury prevention [11].

Law enforcement officers are frequently the first responders to incidents that involve serious personal injury to situations that require balancing both tactical and medical issues. With a minimum of knowledge and training, officers can take essential first steps that often make the difference in a victim's ability to survive [12].

Throughout the country since 2000s the implementation of community policing came to existence due to the ineffectiveness of past policing strategy, i.e., "traditional policing" to reduce crime problems effectively, and the lack of viable organizational structure to strength police- community relations. It stated that the main objective of community policing is providing basic solutions to basic problems rather than controlling crime problems. Community is the networks of people with whom we may live, play, work, learn, organize, worship and connect to each other. Since interpersonal violence generally happens in these community spaces and sometimes directly involves our fellow community members, this policing believes that the answer to violence lies in these same places , with these same people who know the most about the people involved in violence, who understand the culture and resources of the community. More fundamentally, it articulates that policing practice should "place the highest value on preservation of human life" [13].

1.2 Statement of the problem

Although precise estimates are difficult to obtain, the cost of violence translates into billions of US dollars in annual health care expenditures worldwide, and billions more for national economies in terms of days lost from work, law enforcement and lost investment. The human cost in grief and pain of course, cannot be calculated. As with its impacts some causes of violence are easy to see. Others are deeply rooted in the social, cultural and economic fabric of human life. Biological and other individual factors explain some of the predisposition to aggression, more often these factors interact with family, community, cultural and other external factors to create a situation where violence is likely to occur. Despite the fact that violence has always been present, the world does not have to accept it as an inevitable part of the human condition. As long as there has been violence, there have also been systems – religious, philosophical, legal and communal – which have grown up to prevent or limit it. None has been completely successful, but all have made their contribution to this defining mark of civilization. However non-fatal outcomes are much more common than fatal outcomes, in 2000, an estimated 1.6 million people worldwide died as a result of self-inflicted, interpersonal or collective violence, for an overall age-adjusted rate of 28.8 per 100,000 population. The vast majority of these deaths occurred in low- to middle-income countries. Less than 10% of all violence-related deaths occurred in high-income countries [3].

What is certain is that every violence must have an injury. Around the world, almost 16000 people die from injuries every day. For every person who dies of injuries, several thousand injured persons survive, but many of them are left with permanent disabling sequel [14].

A one-year (July 2005-June 2006) retrospective descriptive audit of injuries in a public health facility of Addis Ababa indicate ninety four percent of intentional injuries were due to interpersonal conflicts, men were implicated in more than two thirds of the cases[15]. Another prospective cross sectional study in Tikur-Anbessa specialized referral hospital between February 1 to April 30, 2013 shows the second most frequent cause of injury is by stuck/hit 121(31.5%), by a person or object. Among those who was injured because of Stuck/hit by a person or object, 72 (71.3%) were due to interpersonal violence (assault) [16].These figure simply shows the high burden of violence in Addis Ababa city.

In the course of performing their duties, community police officers frequently encounter injured crime and accident victims, and are called upon to render assistance, including, at times, emergency first aid and arranging for needed medical assistance. Anyone who has been in need

of such help or who has a family member or friend who knows only too well that the role of officers in rendering such aid can be just as vital as preventing and solving crimes or preventing accidents. Community police officer are the first respondent to fighting accidents and if well-trained they can save many lives in the community and there is no other good thing than saving a life and these are vital in saving many lives because victims need faster help which depends on communication, infrastructure such as transportation to the hospital with regard to scene is secured. But the respondent should also 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 or being unresponsive to stimuli.

1.3. SIGNIFICANCE OF THE STUDY

Ethiopia becoming medium income country in near future, in developed countries integration of pre-hospital trauma life support and emergency trauma care system is responsible for a marked reduction in morbidity and mortality and improving quality of life. These integrated pre hospital trauma care systems are lacking in all region of Ethiopia including capital city (Addis Ababa). Nowadays as being important stake holder of the Addis Ababa police commotion with regard to formation of strong emergency medical service system for violence and injury prevention (VIP), training the community police officer to administer first aid might be among the first stage and because the first person attending fighting accidents is likely to be community police officer, this may directly present an opportunity for improving first aid at scene. This study also will provide baseline information to other researcher to work further in related issues.

2.0 LITRATURE REVIEW

2.1 INTER-PERSONAL VIOLENCE AND INJURY GLOBALY

Data on fatalities of violence-related injuries are rare. Since non-fatal outcomes are much more common than fatal outcomes and because certain types of violence are not fully represented by mortality data. Linking data across sources is one of the more difficult problems in research on violence. Data on violence generally come from a variety of organizations that operate independently of one another. As such data from medical examiners and coroners cannot usually be linked to data collected by the police this may contain diagnostic information about the injury and course of treatment, but not the circumstances surrounding the injury. Also there is a general lack of uniformity in the way data on violence are collected, which makes it very difficult to compare data across communities and nations. In 2000, from a total of 1.6 million people death as a result of violence estimated globally ,Around 800,000 deaths were suicides, almost 550,000 were also homicides and about 320,000 were war-related. Rates of violent death vary according to country income levels in low- to middle-income countries was 32.1 per 100,000 population, more than twice the rate in high-income countries (14.4 per 100,000).Violence exacts both a human and an economic toll on nations and costs many billions of US dollars each year in health care, legal costs, absenteeism from work and lost productivity [3].

There are many Study results related to violence in different areas of the world such as; In United States of America Hamilton County 743 to 863 intentional injuries per 100,000 residents occurred each year from 2004 to 2010[5]. In one year 2011, there were 92 intentional injury deaths among Washington residents' ages 0-19, for a rate of 5.2 per 100,000, 57 suicides and 35 homicides [17].specially according to tidings of the last night of 2016 fox news about city of Chicago violence statistics by referring the Chicago Police Department, recorded 762 homicides in full year that means an average of two murders per day, the most killings in the city for two decades and more than New York and Los Angeles combined. This nation's third largest city saw 1,100 more shooting incidents than it did in 2015, The increase in 2016 homicides compared to 2015, when 485 were reported, is the largest spike in 60 years[18].

Another developed nation Australia, in 2012, there were 116,105 recorded victims of physical assault in New South Wales, South Australia, Western Australia, the Northern Territory and the Australian Capital Territory combined; equating to a victimisation rate of 969 per 100,000 population [19].

Study on rate of fatal and nonfatal injury in Tegucigalpa, capital of Honduras which is one the most violent city in the world for the year 2001, indicates out of 1631 injury\70.4%\ were due to violence compared to 355\21.8%\ unintentional death and 127\7.8%\ of unknown intent. The number of nonfatal injuries for people above 15 years from all intent was 1592/rate235/100000/ of these 1437/90.3%/were male and 155/9.7%/female, the same is in Chile [20-22].

Interpersonal violence was an important risk to health in South Africa. Out of 59 935 injury deaths in 2000, 46% (27 563) were homicides. Homicide was the leading cause of fatal injury in males; road traffic injuries ranked second [23]. Again the latest report shows that Cape Town has retained its position as South Africa's most violent city – and is among the top 10 most violent cities in the world [20].

When we come to East Africa the survey in the rural setting of Uganda altogether 1673 households, with 7427 persons, found a high incidence of injury especially in the urban setting. The annual injury mortality rate of 92/ 100 000 person years in the rural setting shows a huge injury burden, and the rate of 217/100 000 person in the city is even worse [24]. In Tanzania a prospective hospital based study shows 1,642 (23.7%) patients had intentional injuries males were 1,128 (68.7%) and females were 514 (31.3%). Criminal violence (theft, fighting, assaults, sexual abuse, suicide) was the most common (52.1%; N=856) reason for intentional injuries. Blunt objects (including stones, iron bars, sticks, bottles) and sharp objects (machetes, knives, axes, screw drivers) were the most common weapons through which violence was inflicted accounting for 798 (48.6%) of cases. Fists, slaps and kicks were used to inflict violence in 627 (38.2%) of cases. The use of guns to inflict violence was recorded in 190 (11.6%) of cases and Subjects who reported substance use (cigarette smoking, alcohol or drug use) were more likely to be in a physical fight than non-substance users. [22, 25].

2.2 INTER-PERSONAL VIOLENCE AND ALCOHOL

Deaths occurring in the first immediate phase of injury cannot be directly prevented by improving the quality of prehospital care and hospital-based emergency care, but an organized system of care may support injury prevention efforts by systematically collecting data that are useful for implementing prevention programmes, such as identifying high-risk settings, high-risk behaviours, high-risk products and high-risk groups [26]. Approximately 60% of violent incidents in England and Wales involve alcohol. Almost half of all victims of violence in 2010/2011 perceived at least one of their assailants to be under the influence of alcohol. Violence in or around pubs and nightclubs accounts for approximately 20% of all violence

recorded by the police. In addition to their frequent co-occurrence, violence involving alcohol is less likely to be reported to the police than other violence, suggesting that the extent of the problem is underestimated [27].

A brief but telling international comparison of violence rates and alcohol consumption rates by country also leaves us with some intriguing anomalies. For example, one of the most violent societies in the world is South Africa, where 664 assaults, 190 homicides, and 123 rapes per 100,000 people were recorded in 2000 (United Nations Office on Drugs and Crime [UNODC], 2004). Italy, by comparison, recorded six homicides, 50 assaults, and four rapes per 100,000 people in the same year. Luxembourg, by far one of the most peaceful countries in the world, had such a low rate of crime in 2001 that the government considered closing the country's only prison. Yet, at 17.54 litres of pure alcohol per capita, Luxembourg has one of the highest alcohol consumption rates internationally; only 2.5% of its adult population does not drink. In South Africa, by contrast—where per capita alcohol consumption is 7.81 liters, almost 70% of the population abstains totally similar to, for example, Italy, at 9.14 liters per capita 25% abstention rate. So, whatever the part of alcohol in violent cultures, it has neither a necessary nor a causal role in levels of violence [28].

Detainees who had consumed alcohol in the past 48 hours and been charged with assault on a Friday and Saturday night were nearly twice as likely as those charged at other times to have been mixing drinks on the last occasion they drank. This was particularly the case for young males aged 18 to 25 years (48%) statistics in most part of Europe support this study [4, 29]. In Africa, Tanzania History of alcohol consumption either by the victim or perpetrator was reported in 1,104 (67.2%) of 1,642 cases and it was the perpetrator of the violence who was often under the influence of alcohol [25].

2.3 PREHOSPITAL TRAUMA CARE AND POLICE

Millions of patients with simple or complicated conditions or injuries seek pre-hospital care around the world. High quality emergency medical services and first responders are important part of any health care system. The lack of trained pre-hospital providers, modern equipment and ambulance vehicles for example, also account for the challenges and short comings to provide quality emergency medical services [30].

Prehospital systems are designed to provide citizens with prompt, safe and effective access to the healthcare system in times of urgent need. Each system must be defined by local needs and assessments of capacity and developed with due regard for local culture, legislation,

infrastructure, health-system capacity, economic considerations and administrative resources [31].

Many fatal injuries may be prevented or their severity reduced by adequate prehospital trauma care. Without prehospital care, many people who might otherwise survive their injuries may die at the scene or on the way to the hospital. Most deaths in the first hours after injury are the result of airway compromise, respiratory failure or uncontrolled haemorrhage. All three of these conditions can be readily treated using basic first aid measures. Prompt prehospital care may also prevent a number of delayed deaths from trauma. In fact most of the benefits of prehospital trauma care can be readily realized if vital interventions are applied in a timely manner. Unfortunately, most of the world's population does not have access to prehospital trauma care. In many countries, few victims receive treatment at the scene and fewer still can hope to be transported to the hospital in an ambulance. Transport, when it is available, is usually provided by relatives, untrained bystanders, taxi drivers or truck drivers or a police officer. As a result, many victims may needlessly die at the scene or during the first few hours following injury [26]. But In developed countries such as in the United States of America all law enforcement officers act as first responders for the communities that they serve. Frequently, law enforcement personnel arrive on scene prior to EMS and are tasked with providing basic medical care to injured individuals [12].

Gwent police first aid procedure document is the national body of consolidated professional practice and guidance for policing and is authorised as such by Chief Constables' Council and this document says about police and first aid practice as, Whilst it is not the primary duty of Police to provide first aid, this being secondary to the prevention and detection of crime, police officers have the same commitment to duty of care as any member of the public. Also there is an expectation that police officers will be able to carry out first aid, and that they are more likely to be in situations where violence/ accidents have occurred. Police is committed to ensuring that all public contact personnel are trained to provide the minimum standards of first aid, in accordance with the College of Policing (COP) minimum requirements for the delivery of first aid training [32]. This document also stated famous statement by police in duty as:-

“Front-line police officers must be instructed to "think First Aid". They must be trained properly in basic steps to be taken to recognise and deal with what is discovered. It should be automatic that the Airway, the Breathing and the Circulation are assessed at once. With basic training the staunching of bleeding, the administration of mouth to mouth resuscitation, external cardiac massage and where heavy

bleeding is seen, raising the legs to protect circulation should be as much a matter of second nature as it is to dial 999 or to radio for an ambulance” [32].

In USA the study from 2010-2012 of data 88,564 total patients at 297 trauma centre for the, 86,097 patients (97.2%) were transported directly to a trauma center by ground EMS and 2,467 (2.8%) were transported by the police department [33]. In contrary A study in Tanzania of patients (60.0%; N=986) arrived at the hospital within 24 hours, but only Thirty-five (2.1%) patients had pre-hospital care and the majority (98.7%; N=1,621) of patients were brought in by relatives, Good Samaritan. Only 8 (0.5%) were brought in by ambulance and the remaining 21 (1.3%) patients came themselves [23]. also Study on intercity drivers of Nigeria on knowledge and practice of prehospital trauma intervention towards road traffic accident shows poor level of perception and practice [34].

Prehospital trauma is a cascade of care provided to injury victims at the community level by those who have taken formal and extensive training in the principles of basic prehospital care, such as, providing basic treatment, scene management, rescue stabilization and transporting the injured [12]. Thus, those trained as first responders, in addition to providing basic first aid care, must also develop the capacity and skill required to recognize an emergency, call for help, and communicate with the advance care unit. Although the choice may be dictated by the nature of the injury and the availability and proximity of a well-equipped facility.

The overall goal of pre-hospital trauma care is to increase the chance of survival and assure better quality of life for any cause of injury. This, however, is only possible through the prompt response at each level. Simply stated, time is critical especially during the first hour after an accident or, as referred by those in the field, the “golden hour” - principle in medicine which specifies that patient’s outcome are improved when they are transported to a designated trauma center within an hour of injury. This denotes the significance of having a well-organized response system especially in an area where advanced prehospital care is scarce and the overall emergency medical service (EMS) is undeveloped [35].

2.4 INTER-PERSONAL VIOLANCE AND INJURY IN ETHIOPIA

Systematic review of literature’s on trauma/injury incidents in Ethiopia shows intentional injury was reported as a leading cause of injury in one article. This particular report says 48.5% of trauma victims presenting to twelve health institution of Gondar administrative zone was caused by inter personal assault but in general this review work more importantly tell us trauma from interpersonal violence (Homicide) is the leading causes of intentional injury (24.4%)

which is reported in nearly all articles. The incidence of Fire arm and Self-harm injuries were disproportionately low, only 5% and 2.1% respectively. According to this review work for all inter personal assault the widely applied weapons are blunt objects (stick, stones, hand fist) followed by sharp objects (knife, spear, machete) and fire-arm [7].

When we examined some studies in point for example a retrospective review of records of all injured patients seen at surgical outpatient department from April 09, 2010 to January 07, 2011 in jimma, on the intent of injury showed that of 1102 injury cases and 541(49.1%) were injured intentionally, 430 males and 111 females. Patients in the age group of 15-49 years sustained 454(83.9%) of the intentional injuries. The commonest mechanism of injury was blunt assault injury; 341(30.9%), followed by road traffic accident, 334(30.3%) [10]. This result is directly supported in a prospective study of intentional injuries as a result of interpersonal conflict handled at St. Luke Catholic Hospital, a total of 386 patients visited the hospital during the study period with a main complaint of interpersonal conflict. Of these 352 (91.2%) were male and 34(8.8%) female, giving a male to female ratio of 10:1[36].

There are some conducted studies in our study area, a retrospective descriptive type study result of audit of injuries in Addis Ababa health facilities shows ,there were 31,144 (76.4%) unintentional and 9,608 (23.6%) intentional injuries, Of 9,608 intentional injuries, homicide and non-fatal interpersonal violence accounted for 93.7% of cases and suicide and self-inflicted injuries were found in 5.9% and in gender males were responsible for 6,491 (67.6%) of all reported causes of intentional injuries in a year[37]. But another study indicating a greater percentage for intentional injury-related deaths (52%) than for unintentional (48%) of them 60% of the homicides sustained from being beaten, and 21% were from gunshot wounds [38]. This difference might be as a result of the study design they utilized and absence of prior community based injury survey.

Again another study shows from total of 2985 dead body seen at the pathology department of Manlike II hospital, during one year period, 2,107 (70.4%) were related with injuries, among the victims 1,662 (78.9%) were male and 445 (21.1%) were female giving a male to female ratio of 4:1.this report most importantly tell us 1715 (81.4%) of the victims did not receive post- injury care at any level either pre-hospital or hospital/health facility [39]. In addition all these study indicate most of injury related deaths either intentional or unintentional occurred in most economically productive age group, so one can imagine the economic impacts of such death.

3.0 OBJECTIVES

3.1 GENERAL OBJECTIVE:-

=To assess the Knowledge, Attitude and Practice to wards first aid associated to fighting accident among community police officers in Addis Ababa city, Ethiopia, April, 2017.

3.2 SPECIFIC OBJECTIVES:-

=To assess knowledge of community police officers on component of first aid related to fighting accident.

=To assess attitude of community police officers on first aid related to fighting accident.

=To assess practices of community police officers on management of air way problem, c-spine injury and bleeding control related to fighting accident.

=To assess the relationship between training status and their first aid practices.

4.0 METHODOLOGY

4.1. Study area

This study was conducted at Addis Ababa city, Ethiopia. Commonly known as capital city of Africa, as a result of many head quarter of different international and regional organisation such as Africa Union and UN-Economic Commission for Africa have found in the city. The city has ten big sub cities.

4.2 Study design

A descriptive cross-sectional, quantitative study was utilized.

4.3. Study period

The study was conducted from December 2016 to June 2017

4.4. Population

4.4.1 Source population: -

All police officers who had been working in Addis Ababa city.

4.4.2 Study population:-

All Community police officers who had been working in Addis Ababa city.

4.5. Inclusion criteria

All Community police officers working in selected sub city at that data collection period.

4.6. Exclusion criteria

I excluded those absent during data collection period.

4.7. Sample size determination and sampling method

4.6.1 Sample size determination

Total community police officers of the two sub cities, 141 was the study sample size. Since the total population is considered there was no need of sample size calculation.

4.6.2. Sampling method

Cluster sampling method was used. Since the sampling unit is homogenous population it was suitable for utilizing their area as a cluster and the method was grounded. I considered these ten geographically distinct administrative areas (sub cities) as a cluster and then randomly selecting two sub-cities the required study unit had selected for this study.

4.7. Variables

4.7.1 Dependent variable:

- Knowledge of Community police officers about first aid measure.

- Attitude of Community police officers related to first aid works
- Practice of community police officers about first aid activities.

4.7.2 Independent variable:

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

4.8. Data collection tools and procedure

4.8.1 Data collection technique

Four data collectors and one supervisor was recruited all of them with fluent speakers of Amharic language and they were trained on data collection. The tool was Self-administered structured interview questioner inferred from ministry of health Ethiopia first aid extension package and referring previous questionnaires which was developed for the same purpose which consisted of both open ended and close ended questions [40]. Pre-test was done on Gulelie sub-city. After checking of questionnaire completeness with pre-test, the data collection was conducted.

4.8.2 Data handling technique

The collected data was checked for clarity and completeness. The soft copy of the data is Stored on hard drive and back up copy is again stored on separate drives. Data was clearly coded.

4.9 Data Analysis

The collected data was entered and analysed using IBM SPSS version 21.0 and results is described and presented by using frequency table of result number, percentage and summery statistics. The Chi-square test were also utilized to detect the significance of parameters on categorical scale between the two groups, P-values <0.05 were considered as statistically significant.

4.10. Data quality assurance

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

4.11. Operational definition

Community police officer:-a person who had controlling crime problems and providing basic solutions on the community of Addis Ababa city.

Fighting Accident:-an accident occurs during interpersonal conflict associated with disagreement which results injury to body that needs medical intervention.

Knowledge about first aid:-knowledge about component of first aid, sign and management of respiratory problem, management of bleeding and immobilization of fracture, position of the victim, communication and transportation of victim start from scene. Above the mean considered good below the mean considered poor with a response category of (yes=1) and (no=2)

Attitude about first aid: - willingness to provide first aid at scene and believe on necessary of giving first aid immediately at scene. Above the mean considered good below the mean considered poor with a response category of (yes=1) and (no=2).

Practice about first aid: - have an event of fighting accident and what action was taken during victim with respiratory problem, heavy bleeding and neck injury and bone fracture or unresponsive to environment. Above the mean considered good below the mean considered poor with a response category of (yes=1) and (no=2)

Noisy breathing:-abnormal breathing sound which occurred due to air way obstruction of fighting victims.

Unresponsive to stimuli: - is a simplistic term for an unconscious patient who is unresponsive to verbal or physical attempts to wake him or her. It might be due to alcohol intoxication or head injury.

First aid training status: - pervious first aid training status of community polices at every institution.

4.12 Ethical consideration

Permission and recommendation was obtained from Addis Ababa University department of Emergency Medicine. After getting written or verbal consent from Addis Ababa police commission and each sub city police commission office the research was requested, then after the subject agreed, data collectors was started data collection. Police officer names were not written in the questioner.

4.13. Dissemination of result

The outcome of this study was disseminated to Addis Ababa University College of health science department of Emergency Medicine, Addis Ababa city police commotion, Ministry of Health and Lideta and Kirkose sub city police commotion.

5.0 RESULT

5.1 Socio-Demographic Data:

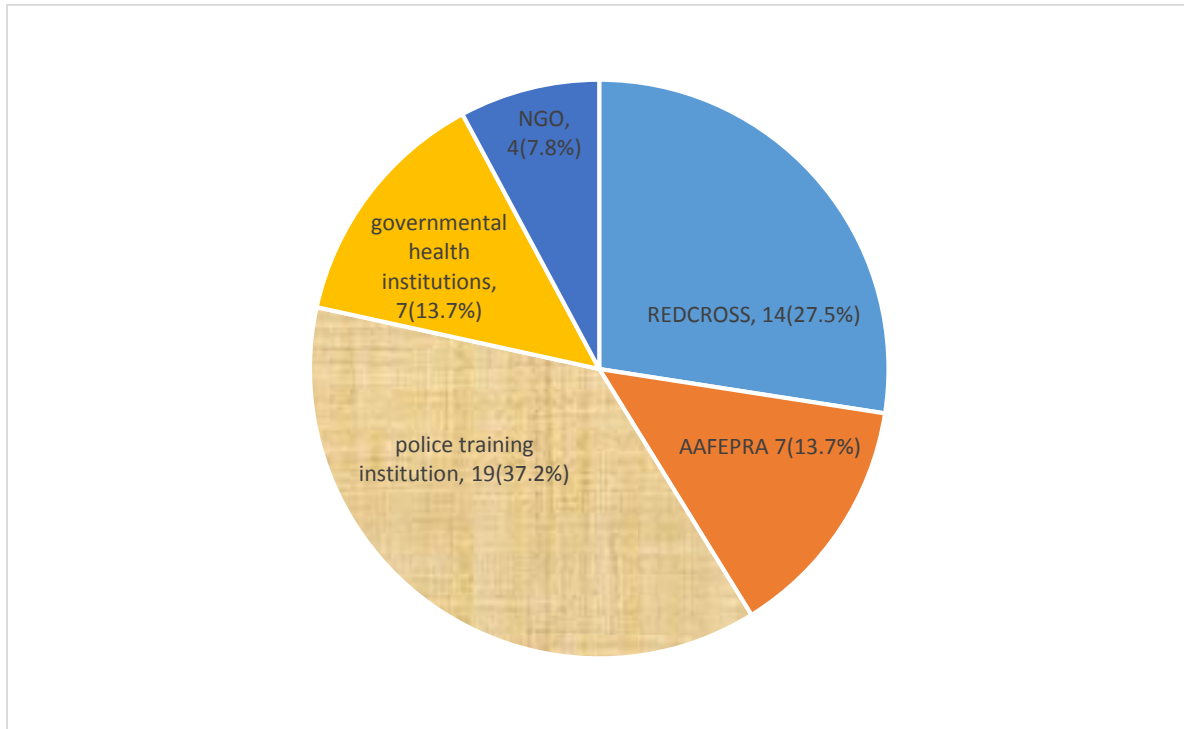
A total of 128 respondents participated in this study making the response rate of hundred percent excluding those 13 who were not present during data collection period. Most of the participant 105(82.2%) were in 19-30 age groups. The mean age of the respondents was 28 years with SD of 5.12, a range of age from 20 to 49 years. One hundred and ten(85.9%) Participants were male, seventy one(55.5%) of the study participant were married and regarding education of respondents seventy six(59.4%) of them were 10th grade complete. Fifty three (41.4%) served in police for one to five years and fifty two served (40.6%) for six to ten years in the police work. Out of the total 128 police personnel's, 51 (39.8%) were trained first aid on different institution.

Table1: frequency distribution of selected socio-demographic data based on sex among community police officers of Addis Ababa city, Ethiopia, 2017(n=128)

characteristics		male		female		Total	
		#	%	#	%	#	%
Age	19-30 years	90	85.7	15	14.3	105	82.2
	31-40 years	18	94.7	2	5.3	19	14.84
	>41 years	2	50.0	2	50.0	4	3.12
Education	10 Complete	63	82.9	13	17.1	76	59.4
	12 Complete	12	85.7	2	14.3	14	10.9
	Diploma	29	90.6	3	9.4	32	25.0
	degree	5	100	0	0	5	3.9
	Above degree	1	100	0	0	1	0.8
Marital status	married	65	91.5	6	8.5	71	55.5
	single	44	78.6	12	21.4	56	43.8
	divorced	1	100	0	0.0	1	0.8
	widowed	0	00	0	0.0	0	0.0
Work experience	1-5 years	42	79.2	11	20.8	53	41.4
	6-10 years	48	92.3	4	7.7	52	40.6
	>10 years	20	87	3	13	23	18.0
First aid training status	yes	49	96.0	2	4.0	51	39.8
	no	61	79.2	16	20.8	77	60.2

Out of 51 training police took 19(37.2%) was conducted by police training institution, Addis Ababa Red Cross ,Addis Ababa fire and emergency prevention and rescue authority (AAFEPRA), and etc.

Figure 1: previous first aid training status among community police officer of Addis Ababa, Ethiopia April, 2017 :(n=128)



5.2. Knowledge about basic first aid concept associated to fighting accident:

First when asked about who should give first aid during fighting accident, 117(91.4%) perceived that scene bystanders including community police should do so, while 8(6.3%) responded that it should be given by health professional and 3(2.3%) don't even know the issue. twenty nine (22.65%) respondents pointed all possible sign of airway problems noisy breathing, fast breathing and slow breathing related to fighting accidents

Subsequently for how to initiate breathing 102 (78.5%) mentioned mouth to mouth breath, 56(16.9%) mouth to nose breath, 33(25.4%) both mouth to mouth and mouth to nose others responded like chest compression and moving trachea right and left.

For safe patient positioning after a traumatic event of suspected cervical spine injury 125(96.1%) pointed out keep the victim neck and back street with hands or hard board, regarding sign of heavy bleeding mostly 77 (51.5%) indicated that only bleeding from injured site.

Table 2: Frequency distribution showing the knowledge of first aid measures among community police officers of Addis Ababa city, April 2017 (n=128)

variables		Frequency			
		yes	%	No	%
Components of first aid	Making sure that patient is breathing properly	111	86.7	17	13.3
	Moving patients from accident site	89	69.5	39	30.5

	Stopping bleeding	108	84.4	20	15.6
	Splint fracture	97	75.8	31	24.2
	Transporting patients to hospitals	99	77.3	29	22.7
	Call to 939	101	78.9	27	21.1
	All	77	60.2	0	0.0
Sign of air way problems	Noisy breathing(air way obstruction)	82	64.1	41	32
	Fast breathing(tachypnea)	41	32	82	64.1
	Slow breathing(bradypnea)	43	33.6	80	62.5
	No breathing	75	58.6	48	37.5
	All	29	22.6	0	0.0
	I don't know	5	3.9	0	0.0
procedures	Jaw trust	113	88.3	8	6.3
	Head tint and chin left	46	35.9	75	58.6
	Both	36	28.1	0	0.0
	I don't know	7	5.5	0	0.0
Method to give breath	Mouth to mouth	102	78.5	25	19.2
	Mouth to nose	56	43.1	71	54.6
	both	31	24.2	0	0.0
	I don't know	3	2.3	0	0.0
cervical injury protection positions	neck and back straight with hand	110	85.9	14	10.9
	neck and back straight with hard board	68	53.1	56	43.1
	only a limb injury can be transferred in a sitting position	43	33.6	81	63.3
	all	40	31.2	0	0.0
	I don't know	4	3.1	0	0.0
Sign of bleeding	Bleeding from the injured site	107	83.6	21	16.4
	Victim becoming collapse	63	49.2	65	50.8
	Weak and Fast pulse and increase respiratory rate.	65	50.8	63	49.2
	all	56	43.7	0	0.0
technique of stopping the bleeding	Apply tourniquet	120	93.8	3	2.3
	Apply pressure and dress	115	89.8	8	6.3
	lift the injured part above the body level	49	38.3	74	57.8
	I don't know	5	3.9	0	0.0

5.3 Attitude towards first aid measures:

When asked for the necessity to provide first aid immediately for fighting accident patient at scene, 118(92.2%) felt it was necessary, 8(6.3%) had uncertain and asked for willingness to provide first aid for fighting accident victim, 118(92.2%) had willingness, 7(5.5%) was uncertain and 3(2.3%) had no willingness.

Furthermore to ensure their attitude different question addressed in detail as shown in the table below.

Table 3: attitude to different first aid opinion among community police officer of Addis Ababa city, April, 2017(n=128)

opinion	frequency					
	Yes	%	No	%	uns ure	%
I think it is not necessary to know first aid since there is always someone who knows them in my field of work	77	60.2	51	39.8	0	0.0
First aid knowledge is necessary only to people whose work is related to it	8	6.3	119	93.0	1	0.8
I think first aid plays great role in our lives	123	96.1	4	3.1	1	0.8
If I have first aid skills it is necessary for protection of my family and myself	124	96.9	3	2.3	1	0.8
If I have good knowledge of first aid I would not hesitate to apply.	126	98.4	0	0.0	2	1.6
If there were training sessions in first aid I would immediately participate	124	96.9	4	3.1	0	0.0
I support first aid course is included in police training curriculum	126	98.4	2	1.6	0	0.0

5.4 Fighting accident experience and first aid provided:

One hundred and ten (85.9%) participants attended to fighting accident victims previously while 18 (14.1%) did not. For those previously attending fighting victims, 108 (84.4%) gave first aid while 2(1.8%) did not. Beside they practice the component of first aid simultaneously or lonely as ; 20.4% call to 939 or ambulance, 44.1% transfer to near hospital 24.3% gave first aid and 11.0% transfer to police station and others collecting of work related evidences.

Eighty one (63.3%) had an experience of victim with bleeding. Out of them 50 (39.1%) apply pressure and dress (with victim t-shirt or cloth) in advance by gloving available soft plastics bag for their hand not to contaminate and transport to near hospital. Out of nine which said having experience of neck injury six kept immobile with hands and hard board and transport to near hospital and others just transport without protection. Twenty and seven (21.1%) had exposure of victim with bone fracture. Out of them 24(18.8%) immobilized with hand, carton and wood, 3(2.3%) of them only transfer to near hospital.

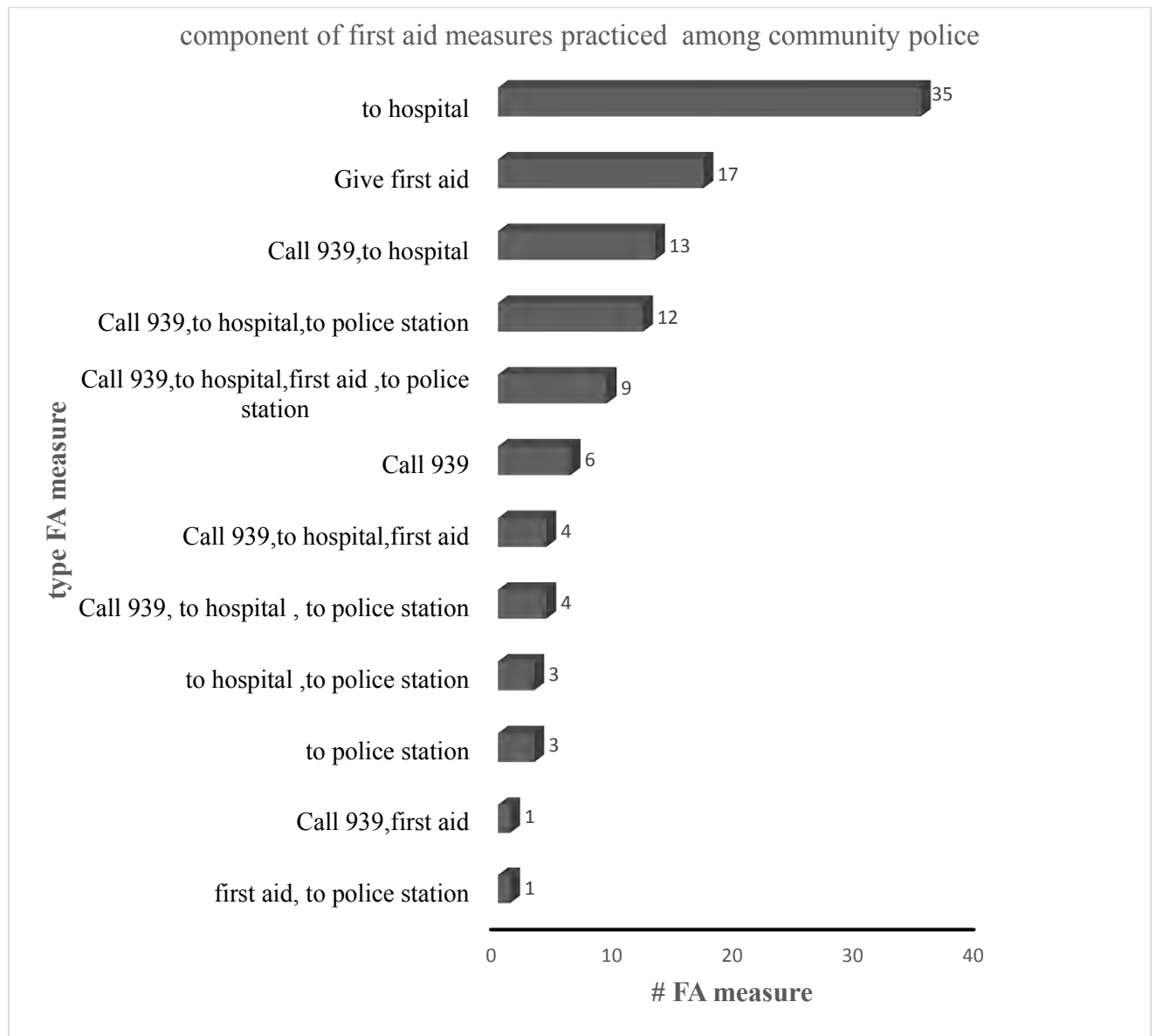
There is no significant association between first aid training status of respondents for giving first aid during an event of fighting accident($p=0.140$, $\chi^2=2.17$) $p>0.05$.

Table4: Frequency distribution showing the practice of first aid measures among community police officers of Addis Ababa, April 2017(n=128)

Variables	frequency			
	yes	%	no	%
Have you ever attended to fighting victims	110	85.9	18	14.1
If 'yes' did you gave first aid	108	98.2	2	1.8

Have you faced victim with airway problem		12	9.4	116	90.6
If 'yes' what did you do?	manoeuvre	7	58.3	0	0.0
	Transport hospital only	5	41.7	0	0.0
Have you faced victim with bleeds heavily		82	64.1	46	35.9
If 'yes' what did you do?	Press , dress and tie	56	68.3	0	0.0
	Transport hospital only	26	31.7	0	0.0
	nothing	0	0	0	0.0
Have you faced victim with neck injury		9	7.0	119	93.0
If 'yes' what did you do?	protection	6	66.7	0	0.0
	Transport only	3	33.3	0	0.0
Have you faced victim with bone fracture		27	21.1	101	78.9
If 'yes' what did you do?	protection	24	88.8	0	0.0
	Transport only	3	11.2	0	0.0

Figure 2: graph showing activities of first aid measures undertaken singly or simultaneously among community police officer of Addis Ababa city, April, 2017(n=128)



6. DISCUSSION

No similar studies evaluating the level of First aid knowledge, attitude and practice among community police personnel or others in Ethiopia exist so far. This study had focused on community police personnels. Out of 128 community police personnels participate in the study 57.3% were untrained the rest 42.7% were trained first aid at different institutions (chart 1). This finding is actually incomparable to developed countries police training program because they have already fully running EMS system. Study in British by British red cross in the community to explore community resilience shows from randomly selected 622 respondents, the large majority (97.1%, n=604) were in the Trained, and only 2.9% (n=18) were in the untrained group [31]. This simply revealed that not only police department there is also high level of first aid training status in the community.

This study with regard to knowledge of first aid examined that from distinguished component of first aid measures known in the country, only 60.2% of respondents correctly pointed out each component of first aid for fighting victims [40]. Also less than one third (22.1%) pointed all possible sign of airway problems such as noisy breathing, fast breathing, slow breathing and no breathing. Subsequently the management of these problems at the same amount (28.1%) response of the maneuvers and then only 43.7% correctly pointed all possible and actual 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 [34]. In general the numbers indicate lack of airway, breathing, circulation (ABC) concept of first aid, so this have a direct negative impact.

In this study Majority believed (92.2%) it is necessary to provide first aid immediately for fighting accident victim at scene and at the same number they are willing to provide first aid. But some of them were uncertain about their attitude towards first aid. However study in Nigerian taxi driver 63.8% believed first aid should be initiated as soon as possible at the scene while 14.4% believed after arriving at the hospital [34]. Over all, attitude of participants towards administering first aid for fighting accident victims was supportive and higher than Nigerian study so would have a positive affect. Those that felt otherwise maintained the belief that fear of infection, need of full skill and training.

Regarding practice of first aid, however most of them (57.3%) didn't get any first aid training, many of this (85.9%) had an event of fighting accident, and greater than 98% were respond first aid this was a very good thing, but out of different first aid measures one third of thier

activities was only transfer the victim without other first aid measure to near hospital even the victim need of immediate first aid. In our country 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. Even there is little or no medical care during transportation when using ambulances for various reasons including lack of medical professionals. Consequently, the death rate is very high. The study conducted to know the cause of injury pathologically in Addis Ababa articulated from 2107 victims 81.4%(1715) doesn't get any prehospital care [26,39].Continuous training play great role on practice of basic first aid application at scene.

In this study, 85.5% of the participants had attended to fighting accident victims. From those participants attended fighting victims, 98.2% did different first aid measures while 1.8% of them didn't. From who take first aid measures in general 20.4% call to 939 or ambulance, 44.1% transfer to near hospital 24.3% gave first aid and 11.0% transfer to police station (figure 2). Similar study on taxi driver in Nigeria shows 80.7% participants have attended to road traffic accident (RTA) victims, While 19.3 % had not for those previously attending to RTA victims, 16.2% said they gave onsite first aid before taking to hospital, 2.2% said took the patient to police, 1.7% of participant claimed to have abounded the victims at the accident site while another coming [34].

In addition this study finds if there were relationship between first aid training status and practice shows no significant association between first aid training status of respondents for giving first aid during an event of fighting accident $p > 0.05$. In British trained respondents who had received first aid training more than once were significantly more likely to agree that people in their community watch out for each other $p = -2, p < 0.05$ [31].

Furthermore, this study says the major practice done by respondents was transport of victims to hospitals that is 44. 1%. In contrary study conducted in USA patients (97.2%) were transported directly to a trauma center by ground EMS that is 911 and (2.8%) were transported by the police department[33]. From 20.4% of call to 939(ambulance) the response rate also not included. But in developed countries such as United States of America all law enforcement officers act as first responders for the communities that they serve. Frequently, law enforcement personnel arrive on scene prior to EMS and are tasked with providing basic medical care to injured individuals [12].

Most of the respondents hadn't an event of victim with air way and neck injury, this would be due to low level of training status of respondents(39.7%) that results difficulty of how to assess victim with air way or neck injury problem, next practice regarding to an event of bleeding 68.3 % respond by using all available ways of controlling bleeding ,such as by applying a pressure, by putting clean cloth immediately, by elevating the injured part above and by utilizing tourniquet technique of stopping on-going sever bleeding the study in Nigeria taxi driver suggested 44.5 % believed a tourniquet should be used ,51.5% believed a dressing and pressure should be applied and 4% responded that the wound should be left alone [34]. This study found more in applying tourniquet to stop sever on going bleeding with that of Nigeria.

For bone fracture 88.8% of their measure of first aid was using carton or wood splinting technique until reach to hospital. On the same study in Nigeria considered for management of fracture 88.5% were splint could be used for fracture management and 7% believed splint not be used 12.7% undecided [34]. So In this study a proper application of splint usage for management of fracture was almost similar with the Nigerian study so that is great.

7 CONCLUSION AND RECOMENDATION

This study identified what is known, believed and done of first aid by study population related to fighting accident, and showed that there was gap on knowledge of assessment and management of air way problems and this far speculate lack of experience of identifying airway problems and neck injury for fighting victims and their were a positive believe related to operation of first aid at scene. On the other hand, respondents possessed knowledge on management of bleeding and experience on management of victim with bleeding and fracture.

Adjacently this study makes recommendation towards referred would be providing continues comprehensive training for ever-changing first aid activities. Clearly acknowledge the emergency medical service system to community police embody to overtake their responsibility for build-up of an integrated strong system. In addition fulfilling of shortage of materials (kit), will help to accomplish the gaps, and also reduce complications and mortality of fighting accidents. These will be done further in collaboration with governmental and non-governmental agencies. Since, community police personnel are the first respondent to fighting accidents and if well trained, they can save many lives in the community. There is no best duty than preservation of a human life and peace and community police personnel are vital in safeguarding many lives.

Limitation of the study

- There were a lack of similar studies conducted in our country and world wide
- shortage of time

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ANNEX-I ENGLISH QUESTIONERE

ADDIS ABABA UNIVERSITY SCHOOL OF MEDICINE

COLLEGE OF HEALTH SCIENCE

DEPERTEMENT OF EMERGENCY MEDICINE AND CRITICAL CARE

Assessment of Knowledge, attitude and practice to wards first aid Associated with fighting accidents among community police officer in Addis Ababa Ethiopia.

Dear respondent my name is _____. I am working as data collector for the study being conducted in this facility by Tiruneh Tafere who is studying for his Master degree at Addis Ababa University, College of Health Science, and Department of Emergency Medicine.

I am interviewing community police officers about assessing their knowledge attitude and practice related to fighting accidents in order to generate information necessary for the policy makers to provide feedback for their policy, and other researchers to draw base line finding for further investigation in the area. To attain this objective, your cooperation to be honest and genuine participant by responding to the question prepared is very important and highly appreciated.

Name of Principal investigator=Tiruneh Tafere

Address: Tell +251918704946

E-mail:tirunehtaye@yahoo.com

Name of data collector-----

Signature _____

Checked by:

Supervisor Name-----signature-----Date-----

1. Completed 2.Refused 3.Partially completed

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 AND GENERAL INFORMATION

- 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. above degree
- 5. Marital status
 a. married b. single c. widowed d. divorced
- 6. Did you take 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 given during fighting accident?
 - a. Immediately
 - b. In hospital
 - c. I don't know
- 2. Who should give first aid during fighting accident?
 - a. Health care worker
 - b. Scene bystanders including Community police
 - c. 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 1. Yes 2.No
 - b. Moving patients from accident site 1. Yes 2.No
 - c. Stopping bleeding 1. Yes 2.No

- d. Splinting fractures 1.Yes 2.No
- e. Communicate to emergency medical service -939 1.Yes 2.No
- f. Transporting patients to hospitals 1.Yes 2.No

g. Other, specify.....

4. Which of the following are sign of air way problem for fighting accident 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 fighting accident victims?

- a) Jaw thrust 1.yes 2. No
- b) Head tilt and chin lift 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 1.Yes 2.No
- b) Keep the person's neck and back straight with hard board 1.Yes 2.No
- c) If there is only a limb injury, the patient transferred in a sitting position. 1. Yes 2.No

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 1.Yes 2.No

4) Of The Following Opinion Listed Below What Is Your Idea MARK (✓)

	opinions	YES	NO	UNCERTAIN
A	I think it is not necessary to know first aid since there is always someone who knows them in my field of work			
B	First aid knowledge is necessary only to people whose work is related to it.			
C	I think first aid plays great role in our lives			
D	If I have first aid skills it is necessary for protection of my family and myself			
E	If I have good knowledge of first aid I would not hesitate to use it when needed.			
F	If there were training sessions in first aid I would immediately participate			
G	I support first aid course is included in police training curriculum			

Practices

1) Have you ever an event of fighting 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. Transfer to police station

e. Other, specify.....

4) Did you have faced a victim with air way problem?

a. Yes

b. No

5) If question no 4 is yes, what did you do?

.....

.....

6) Did you have faced a victim which bleeds heavily?

a. Yes

b. No

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

.....
.....

.....

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

a. Yes.

b. No

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

.....
.....

.....

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

a. Yes

b. No

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

.....
.....

THANK YOU FOR YOUR COOPERATION

አዲስ አበባ ዩንቨርሲቲ ሕክምና ት/ቤት ድንገተኛ ህክምና ትምህርት ክፍል

በአዲስ አበባ ከተማ በሚገኙ የማህበረሰብ አቀፍ ፖሊሲዎች በመጀመሪያ እርዳታ ላይ ያላቸውን እውቀት አመለካከትና ተግባር ላይ የሚጠና ጥናት ።

ውድ ተሳታፊዎችን ስሜ _____ ይባላል። በአዲስ አበባ ዩንቨርሲቲ ህክምና ት/ቤት የድንገተኛ ህክምና ትምህርት ክፍል ውስጥ የማስተርስ ድግሪ ተማሪ የሆነው አቶ ጥሩነህ ታፈረ ድግሪውን ለማሟላት ለሚያደርገው ጥናት መረጃ ሰብሳቢ ነኝ። ጥናቱ የሚዳስሰው የማህበረሰብ አቀፍ ፖሊሲን ለሀሳብ በማህበረሰቡ ውስጥ ለሚከሰቱ የድብደባ አደጋ የመጀመሪያ እርዳታ አሰጣጥ ላይ ያላቸውን የእውቀት፣ የአመለካከትና የተግባር ተሞክሮ መዳሰስ ሲሆን የሚገኘው ውጤትም በየደረጃው ላሉ ለአገሪቱ ፖሊሲ አውጭዎች ለመረጃ ግብአትነትና በአጠቃላይ የጤና አገልግሎት ስርዓቱ ላይ ትልቅ ለውጥ የሚያመጣ ሲሆን እንዲሁም በተለይ ወዲያውኑ ከጠብና ከድብደባ አደጋ ጋር በተያያዙ የሚሞቱትን ፣ በኋላም ቀሪ የጉዳቱ መወሰን ችግርን በቀጥታ በመቀነስ ረገድ ትልቅ አስተዋጾ አለው ። በተጨማሪም በተያያዙ ጉዳዮች ላይ ጥናት ለሚያደረግ አጥኝ አካልም መረጃ ምንጭ ይሆናል። እናም ይህንንና ሌሎች አላማዎችን ከግብ ለማድረስና ጥናቱን ውጤታማ ለማድረግ የእርስዎ በጥናቱ መሳተፍ በጣም ጠቃሚ በመሆኑ መጠይቅ እንዲሞሉ ተመርጠዋል የርስዎንም ቅንነት የተሞላበት ተሳትፎዎን እጠይቃለሁ ። ስለሆነም የእርሶ ስም በመጠይቁ ላይ አይጠቀስም ፣ መረጃውም ሚስጥራዊ ነው፤ እናም በጥናቱ ላይ ያለመሳተፍ ሙሉ መብት አለዎት።

አጥኝ:- ጥሩነህ ታፈረ

ስልክ ቁጥር: 251918704946

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነዎት?

- አዎ
- አይደለሁም

ጊዜዎትን መስዋት አድርገው ስለተሳተፉ ከልብ አመሰግናለሁ !!

የመረጃ ሰብሳቢው ስምና ፊርማ

ስም ፊርማ

ቀን

ያረጋገጠው ስም _____ ፊርማ _____ ቀን _____

መመሪያ :-

ለእርሶ የሚሰማዎትን መልስ ይምረጡ

አጠቃላይ መረጃ

1. እድሜ.....
2. ጾታ ወንድ ሴት
3. የትምህርት ደረጃ 10ኛ ያጠናቀቀ 12ኛ ያጠናቀቀ ዲፕሎማ ድግሪ ከዲግሪ በላይ
4. የትዳር ሁኔታ ያገባ/ች ያላገባ/ች የ ፈ ታ/ች የ ሞተበት/ባት

5. የ ስራ ልምድ 1-5 6-10 ከ 10 ዓመት በላይ

6. ከዚህ በፊት የመጀመሪያ እርዳታ ስልጠና ስልጠናው ያውቃሉ?

- a. አውቃለሁ b. አላውቅም

7. ለጥያቄ ቁጥር 6 መልስዎ አውቃለሁ ከሆነ ስልጠናውን ያገኙት ከየት ነው ?

.....

የ እውቀት ጥያቄዎች

1) የመጀመሪያ እርዳታ መስጠት ያለበት መቼ ነው?

a) አደጋው በደረሰበት ቦታ

b. በሆስፒታል

c. አላውቅም

2) የመጀመሪያ እርዳታ መስጠት ያለበት ማን ነው ?

a) በጤና ባለሙያ

b) በኮሚኒቲ ፖሊስ

c) አደጋው ሲከሰት ያለ ማንኛውም ሰው

d) አላውቅም

ለሚከተሉት ከ 3-9 ላሉት ጥያቄዎች ከሁለት በላይ መልስ መስጠት ይቻላል :

3) ከሚከተሉት ውስጥ መጀመሪያ እርዳታ አካል የሆኑት የትኞቹ ናቸው?

a) አደጋ የደረሰበትን ሰው በስርዓት እየተነፈሰ መሆኑን ማረጋገጥ 1. አዎ 2. አይደለም

b) አደጋ የደረሰበትን ሰው ከዓደጋ ቦታ ማራቅ 1. አዎ 2. አይደለም

c) የሚደማን ሰው ደሙን ማቆም 1. አዎ 2. አይደለም

d) ስብራትን ማሰር 1. አዎ 2. አይደለም

e) ለድንገተኛ አደጋ አገልግሎት ጥሪ 939 መደወል 1. አዎ 2. አይደለም

f) አደጋ የደረሰበትን ሰው ወደ ሆስፒታል ማጓጓዝ 1. አዎ 2. አይደለም

g) ሌላ ካለ ይጥቀሱ.....

4) ከሚከተሉት ውስጥ የአየር ቧንቧ መዘጋት ምልክት የሆኑት የትኞቹ ናቸው?

a) የሚንኮረፈረፍ ድምጽ 1. አዎ 2. አይደለም

b) ቶል ቶሎ መተንፈስ 1. አዎ 2. አይደለም

c) በዝግታ መተንፈስ 1. አዎ 2. አይደለም

d) ትንፋሽ አለመኖር 1. አዎ 2. አይደለም

e) አላውቅም

f) ሌላ ካለ ይጥቀሱ.....

5) ከሚከተሉት ውስጥ በድብደባ አደጋ የተጎዳን ሰው የአየር ቧንቧ ትቦን ለመክፈት የሚያገለግለው ዘዴ የቱ ነው ?

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 የሚያገለግለው ዘዴ የቱ ነው ?

a) አፍ ለ አፍ 1. አዎ 2. አይደለም

b) አፍ ለ አፍንጫ 1. አዎ 2. አይደለም

c) አላውቅም

d) ሌላ ካለ ይጥቀሱ.....

7) የአንገት አከርካሪውን የተጎዳን ሰው ወደ ሆስፒታል በምናጓጓዝበት ወቅት ማሰብ ካለብን ነገሮች መካከል ትክክል የቱ ነው ?

a) አንገቱ እንዳይንቀሳቀስ በእጅ እደግፈዋለሁ 1. አዎ 2. አይደለም

b) የተጎዳን ሰው በጠንካራ ቦርድ ማጓጓዝ 1. አዎ 2. አይደለም

c) እግሮቹና እጆቹ ከተጎዱ አስቀምጦ ማጉጓዝ 1. አዎ 2. አይደለም

d) አላውቅም

e) ሌላ ካለ ይጥቀሱ

8) ከሚከተሉት ውስጥ አደጋ የደረሰበትን ሰው ደም እየደማው መሆኑንና አለመሆኑን ለማወቅ የሚጠቅሙን የትኞቹ ናቸው?

a) ከተጎዳው አካል 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 የሚፈሰን ደም ለማቆም የሚረዳን ዘዴ የቱ ነው

a) ከተጎዳው አካል በላይ ማሰር 1. አዎ 2. አይደለም

b) የተጎዳውን አካል በጨርቅ ተጭኖ በመሸፈንና በማሰር 1. አዎ 2. አይደለም

c) የተጎዳን አካል ወደ ላይ ከፍ አድርጎ በመያዝ 1. አዎ 2. አይደለም

d) አላውቅም

e) ሌላ ካለ ይጥቀሱ.....

የአመለካከት ጥያቄዎች

1) የመጀመሪያ እርዳታ በፍጥነት መስጠት ጥቅም አለው ብለህ /ሽ ታምናለህ/ሽ ?

a) አዎን

b.አላምንም

c. እርግጠኛ አይደለሁም

2) የ መጀመሪያ እርዳታ ለመስጠት ፍላጎቱ አለህ/ሽ ?

a) አዎን

b.የለኝም

c. እርግጠኛ አይደለሁም

3) ለጥያቄ ቁጥር 9 መልስህ/ሽ የለኝም ከሆነ ምክንያትህ/ሽ ምንድን ነው ?

a) ደም ስለምፈራ

b) በሽታ ስለሚተላለፍብኝ

c) በወንጀል ስለሚያስጠይቀኝ

d) የመጀመሪያ እርዳታ መስጠት ስለማልችልበት

e) ሌላ.....

4) ከዚህ በታች በሰንጠረዥ ላሉት የአመለካከት ጥያቄዎች የሚደግፉት ሀሳብ ላይ[V] ያድርጉ

	አመለካከቶች	አዎ	አይደለም	እርግጠኛ አይደለሁም
ሀ	የመጀመሪያ ዕርዳታ አሰጣጥን ሌሎች አጋሮቼ ካወቁ የኔ ማወቅ አላስፈላጊ ነው			
ለ	የመጀመሪያ ዕርዳታ አሰጣጥ እውቀት የሚያስፈልጋቸው የጤና ባለሙያዎች ብቻ ናቸው			
ሐ	የመጀመሪያ ዕርዳታ አሰጣጥን ማወቅ ለሕይወታችን ትልቅ ሚና አለው			
መ	የመጀመሪያ ዕርዳታ አሰጣጥ ከህሎት ማወቅ ለኔም ለቤተሰቤም ይጠቅማል			
ሠ	የመጀመሪያ ዕርዳታ አሰጣጥ ዕውቀቱ ካለኝ ለመተግበር ወደኋላ አልልም			
ረ	የመጀመሪያ ዕርዳታ አሰጣጥ ስልጠና ካለ ወዲያውኑ ለመውሰድ እፈልጋለሁ			
ሰ	የመጀመሪያ ዕርዳታ አሰጣጥ ስልጠና በፖሊስ ሰራዊት ስልጠና መርሃግብር መካተቱን እደግፋለሁ			

የተግባር ጥያቄዎች

1) በስራ ቦታህ/ሽ ላይ እርዳታ የሚያስፈልገው የድብደባ 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 የመጀመሪያ እርዳታ ነበር የሰጠኸው/ሽው ? ከሁለት በላይ መልስ መስጠት ይቻላል

- a) 939 ደወዩ ነበር
- b) ወደ ሚቀርብ ሆስፒታል አጓጓዣ ነበር
- c) የመጀመሪያ እርዳታ ሰጥቼ ነበር
- d) ወደ ፖሊስ ጣቢያ ወስጄ ነበር
- e) ሌላ ካለ ይጥቀሱ.....

4) የ አየር ቧንቧ መዘጋት ችግር የደረሰበት ሰው አጋጥሞህ/ሽ ያውቃል?

- a) አዎ
- b) አላጋጠመኝም

5) ለጥያቄ ቁጥር 4 መልስህ አዎ ከ ሆነ ምን አይነት እርዳታ ሰጥተህ/ሽ ነበር ?

.....

6) በከፍተኛ ሁኔታ የሚደማ ሰው አጋጥሞህ/ሽ ያውቃል?

- a) አዎ
- b) አላውቅም

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

.....

8) የአንገት አከርካሪውን የተጎዳ ሰው አጋጥሞህ /ሽ ያውቃል ለምሳሌ በማጂራት መቸ?

- a) አዎ
- b) አያውቅም

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

.....

10) የአጥንት ስብራት ያጋጠመው ሰው አጋጥሞህ /ሽ ነበር ?

- a) አዎ
- b) አላጋጠመኝም

11) ለጥያቄ ቁጥር 10 መልስህ አዎ ከሆነ ምን አይነት እርዳታ ሰጥተህ/ሽ ነበር ?

.....

አመሰግናለሁ