



Community Service Journal of Indonesia

Division of Research and Community Service
Kerta Cendekia Nursing Academy

<https://ejournal-kertacendekia.id/index.php/csji/index>

Community Service Journal of Indonesia 3 (2) (2021): 29-32

Doi: <https://doi.org/10.36720/csji.v3i2.348>

EARLY AID SOCIALIZATION IN EMERGENCY FOR COMMUNITY LEADERS IN RW 6, KEMAYORAN VILLAGE

Maria Theresia Arie Lilyana ^{1*}, Kristina Pae ¹

¹ Faculty of Nursing, Widya Mandala Catholic University, Surabaya, East Java Province

* Correspondence

Maria Theresia Arie Lilyana

Faculty of Nursing, Widya Mandala Catholic University, Surabaya
Jl. Raya Kalisari Selatan No. 1, Laguna, Pakuwon City, Surabaya, Indonesia
Email: arie@ukwms.ac.id

ABSTRACT

Health education to the community is carried out to increase knowledge insight, so that it is expected to know and be able to provide assistance to trauma and emergency conditions encountered in the community. The activity will be held on October 3, 2021 at the RW 6, Kemayoran Village, Krembangan District. The activity was attended by 20 participants consisting of RT heads and community leaders in the area. The results of the activity showed that before the provision of health education, 4 people had scores below 60 points and 16 participants scored above 60. The scores obtained after health education were 2 people with scores below 60 points and 18 people scored above 60 points. Based on these data, this activity is able to increase the knowledge of the general public. This activity should be carried out on an ongoing basis so that it has a real impact and provides benefits for increasing awareness of the general public so that they know and are able to provide assistance in trauma and emergency conditions.

Keywords: Early Aid, Socialization, Emergency Case.

© 2021 The Authors. Community Service Journal of Indonesia Published by Institute for Research and Community Service, Health Polytechnic of Kerta Cendekia, Sidoarjo
This is an Open Access Article distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 \(CC BY-NC 4.0\)](https://creativecommons.org/licenses/by-nc/4.0/), which allows others to remix, tweak, and build upon the work non-commercially as long as the original work is properly cited. The new creations are not necessarily licensed under the identical terms.

E-ISSN
2684-7884
P-ISSN
2774-4027

INTRODUCTION

Trauma and emergency conditions can occur anywhere and anytime. Victims who experience trauma or emergencies need to

get proper help from health workers. Trauma and emergency conditions can occur anywhere and anytime, so the participation of the general public to help

victims before they are found by health workers is very important (Sudiharto & Sartono, 2011). One of the keys to the success of emergency victim assistance is the provision of help from ordinary people who are the first element to find victims (Suharsono & Ningsih, 2008). So, the responsibility to maintain and improve the quality of these services is our shared responsibility, both as ordinary people as well as health workers and our government (Materi Pelatihan PPGD Penanggulangan Penderita Gawat Darurat: Buku Teknik Medis).

Emergency events can occur in our daily lives as well as in disaster conditions, thus requiring integrated handling and regulation in one system. The handling involves pre-hospital services, in-hospital services and inter-hospital services. Research conducted by (Limantara, Herjunianto, & Rosalina, 2015) shows that the cause of the high mortality rate of patient visits who come to the Emergency Room is in the prehospital phase or in conditions outside the hospital. The causes of the high mortality rate in the prehospital phase are community culture, patient delivery facilities and infrastructure, readiness of referring health facilities, and lack of markers. The development of an integrated and comprehensive area-based emergency management system needs to be developed considering the importance of speed and accuracy of service in a short phase as a factor that affects morbidity and mortality in emergency cases. Based on this fact, it is very important for health workers to provide continuous health education to the community, thereby increasing the knowledge of the general public and their active role in handling emergencies.

OBJECTIVES

General Purpose

Health education about first aid in trauma and emergency events is expected to increase public knowledge about how to provide help quickly and accurately as well as referral and communication systems in bringing victims to a quick and appropriate health service referral place.

Special Purpose

The health education provided is expected to be able to increase public knowledge, through the ability to:

1. Explain and demonstrate how to determine an unconscious victim and provide appropriate treatment to an unconscious victim.
2. Explain and demonstrate how to provide basic life support.
3. Explain and demonstrate with media props the management of fracture management in the prehospital phase.
4. Explain how to communicate to ask for help in health services in Surabaya.

PLAN OF ACTION

Strategy Plan

The strategy plan implemented, including:

1. Coordinate with the head of RW 6 and the head of RT 2 of Krembangan District, Kemayoran Village regarding the activities to be held regarding trauma and emergency first aid training that can be carried out by the general public, coordination of activities will be carried out on September 15, 2021.
2. The time contract with the head of RW 6 and the head of RT 2 of Krembangan Subdistrict, Kemayoran Village received the results of health education activities and demonstrations can be carried out once on October 3, 2021 and

evaluation of the level of knowledge is carried out by giving a questionnaire which will be assisted by the head of RT 2. This pandemic causes activities cannot be carried out with too many face-to-face meetings, so health education is only allowed to be carried out on that date.

3. The implementation of health education activities as well as demonstrations and redemonstrations will be held on October 3, 2021.

Implementation

The implementation of activities is carried out in several stages, including:

1. Preparation of materials to be provided on basic life support, assistance to unconscious victims (Kejadian Penting: Pedoman CPR dan ECC, 2020), first aid in the event of bone fractures (Materi Pelatihan PPGD Penanggulangan Penderita Gawat Darurat: Buku Teknik Medis).
2. Preparation of students to assist activities in the delivery of activity materials.
3. Preparation of place and coordination of time for the implementation of activities.
4. Activity sharing materials at the agreed time.

Setting

This health education activity was held at the RW 6 hall, Krembangan District, Kemayoran Village. The meeting place is quite spacious, and is able to provide distance between participants and demonstration and re-demonstration activities can be carried out.

Target

Participants in this activity were the

head of the RT in RT 6 as well as several community leaders. The goal is that they can share their knowledge with other citizens.

RESULTS AND DISCUSSION

Health education activities will be held on October 3, 2021, from 06.00pm to 09.30pm at the RW 6 hall. There are 20 participants consisting of RT heads and community leaders. The activities carried out were followed enthusiastically by the participants as evidenced by the discussion sessions held quite a lot of people asking about experiences that occurred in the community. Demonstration and demonstration activities on how to provide basic life support and first aid in the event of a fracture, the participants were willing and able to do so.

Evaluation of participants' cognitive abilities regarding health education provided on how to recognize and help unconscious victims, identify and assist choking victims, identify and assist fracture victims and communication numbers if medical assistance is needed. 10 points of questions were made to determine the level of knowledge of the participants, the results were as follows: before the provision of health education, 4 people scored below 60 points and 16 participants scored above 60. The scores obtained after health education were 2 people scored below 60 points. and 18 people scored above 60 points. Evaluation of cognitive abilities was carried out by administering a questionnaire containing 10 questions. The questionnaire was distributed by the head of RT 2 and collected 1 week after the educational activity.

Based on the data above, the knowledge gained by meeting 1 time was able to increase the knowledge of ordinary

people. This activity should be carried out continuously so that it has a real impact and provides benefits to increase awareness of the general public to know and be able to provide assistance in trauma and emergency conditions.

CONCLUSION

All participants who have received health education about first aid in trauma and emergency cases are able to increase their knowledge insight to know and be able to provide help in trauma and emergency.

REFERENCES

- American Heart Association.(2020). *Kejadian Penting: Pedoman CPR dan ECC*. Association, American Heart. Retrieved from https://cpr.heart.org/-/media/CPR-Files/CPR-GuidelinesFiles/Highlights/Hghlgh ts_2020ECCGuidelines_Indonesia n.pdf
- Limantara, R., Herjunianto, & Rosalina, A. (2015). Faktor-faktor yang Mempengaruhi Angka Kematian di IGD Rumah Sakit. *Jurnal Kedokteran Brawijaya Volume 28 Suplemen No.2*. Retrieved from <https://jkb.ub.ac.id/index.php/jkb/article/viewFile/968/461>
- Materi Pelatihan PPGD Penanggulangan Penderita Gawat Darurat: Buku Teknik Medis*. (n.d.). Bidang Pendidikan dan Pelatihan Persatuan Perawat Nasional Indonesia (PPNI) Provinsi Jawa Timur.
- Sudiharto, & Sartono. (2011). *Basic Trauma Cardiac Life Support*. Jakarta: CV. Sagung Seto.
- Suharsono, T., & Ningsih, D. K. (2008). *Penatalaksanaan henti jantung di luar rumah sakit*. Malang: UMM Press.