

STUDY OF DEVELOPMENT OF FIRST AID TRAINING CURRICULUM FOR DISASTER AND EMERGENCY FIRST RESPONDERS IN DISASTER MANAGEMENT INSTITUTE OF INDONESIA (DMII) AKSI CEPAT TANGGAP (ACT)

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ABSTRACT

Indonesia is a region with a high number of disasters, so emergency preparedness is needed to minimize the number of deaths and increase efforts to save lives. Apart from disasters, events that cause emergencies can also be caused by social and cultural conditions. Indonesia is a country with a high level of diversity (both religious, cultural, social and political views) which can pose a threat to life-threatening emergencies. Life-saving measures on the front lines of disaster areas and areas affected by emergencies can take the form of pre-hospital aid measures, and for this we need people who have pre-hospital life saver (PHLS) skills. The aim of this study is to identify a competency and self-efficacy based pre-hospital assistance skills training curriculum for disasters and other emergencies for the community that can be implemented in Indonesia. The method used in this study is a combination of analytical qualitative literature review with the findings or experiences of researchers when carrying out the task of providing pre-hospital help services and training. The results of this research are: first, a training curriculum is needed to ensure that training graduates have competence and also have high self-efficacy; second, the training material consists of knowledge and skills to save lives and prevent disability in sufferers; third, it is necessary to create a pre-hospital aid manual for trained lay people; and fourth is the need for pre-hospital aid training to be held throughout Indonesia, especially in disaster and emergency prone areas.

Keywords: *First Aid, Disaster, Emergency, Self-Efficacy, Training.*

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INTRODUCTION

The provision of first aid is not just an act of dressing and carrying sufferers, first aid service providers must have measurable competence and be recognized by others. For this reason, the Disaster Management Institute of Indonesia (DMII) Aksi Cepat Tanggap (ACT) feels an obligation to improve the competence of the community, partners and volunteers in the field of first aid.

DMII ACT hopes that the implementation of First Aid Training is carried out during pre-emergency/disaster and daily events. The learning process during pre-emergency/disaster and daily events allows DMII ACT to evaluate previous First Aid practices, take lessons from these practices and conduct simulations to improve and improve First Aid services in Indonesia. For this reason, DMII ACT asked researchers to develop a first aid training curriculum for first responders during disasters and emergencies at the DMII ACT institution.

The IFRC defines First Aid as “the immediate assistance provided to a sick or injured person until professional help arrives. It is concerned not only with physical injury or illness but also with other initial care, including psychosocial support for people suffering from emotional distress caused by experiencing or witnessing a traumatic event. First aid interventions seek to “preserve life, alleviate suffering, prevent further illness or injury and promote recovery.” While PMI defines First Aid as “providing immediate assistance to patients

with illness or injury / accident that requires basic medical assistance." Basic medical is a treatment action based on medical science that can be possessed by first aiders.

The number of road deaths due to accidents in Indonesia to date is recorded to be greater than due to disease. In fact, victims of traffic accidents on the highway are currently dominated by the productive age of 16-30 years. Based on data from the National Police, the number of traffic accidents in Indonesia in 2015 was 98,970 incidents with 26,495 deaths. From these details, every day there are an average of 72 victims killed in traffic accidents. Most of these incidents involve motorcycles, which are people's favorite transport from all walks of life. Even more unfortunate, the fact that the death toll is on average dominated by the productive age group between 16-30 years. Meanwhile, data from the Global Status Report on Road Safety (WHO, 2015), states, every year there are 1.25 million people die and 50 million people are seriously injured due to traffic accidents that occur throughout the world. Of the total number of victims, 90 percent of them occurred in developing countries. (Rompis et al., 2016) According to the World Health Organization (WHO), traffic accidents in Indonesia are considered the third biggest killer, below coronary heart disease and tuberculosis / tuberculosis in the last two years. Data from WHO in 2011 stated that 67% of traffic accident victims were still of productive age, aged between 22-50 years. About 400,000 victims of traffic accidents who died on the road were under the age of 25 (Fisu, 2019).

In addition, our eastern culture obliges to help each other so that the alertness when there are accident victims is still felt even though sometimes help (ordinary people) can harm and aggravate the injuries of accident victims. (Anggraini et al., 2018) On the other hand, based on the experience encountered, there are still many people who do not help for fear of not being able to help or even aggravate the condition of the sufferer. It is related to Self-Efficacy or self-efficacy. Self-efficacy in some individuals is still low for various reasons, resulting in an unwillingness to help people who have accidents or medical problems. This Self-Efficacy will be discussed in section c. First Aid Training. The slightest late / wrong help in dealing with sufferers in an emergency, can cause fatal conditions. Therefore, the layman who first finds the patient must be able to help at the scene (pre-hospital phase) properly according to the procedure (Amiruddin et al., 2020).

The IFRC states First Aid training is essential for emergency situations. First Aid Training should also include information and awareness about disaster preparedness for those living in disaster-prone areas as well as knowledge of what to do if a disaster or emergency occurs. On the other hand, prevention efforts begin with events that are often faced daily by the community, including traffic accidents. Joanna White and Alison McNulty (2011), British Red Cross researchers stated that by attending first aid training can increase Self-Efficacy in the provision of first aid. (White, 2011) It found that 84% of training alumni expressed confidence in helping others and 73% of alumni also said they were ready to provide first aid in times of emergency. This is reinforced by Mark Forsyth (2018) who stated that first aid training is very effective in an effort to increase the self-efficacy of training alumni (Lasmana & Madiistriyatno, 2024), The Canadian Red Cross also states the same thing – that first aid training can improve self-efficacy, knowledge and skills. (Singletary et al., 2015) In another journal, Emmy De Buck et al. stated that first aid training also increases self-efficacy, knowledge, and skills (De Buck et al., 2015).

METHOD

The research methodology applied in this study is a holistic blend of in-depth qualitative analysis of the literature relevant to the subject under investigation, as well as empirical reflection on the researcher's experience in carrying out practical tasks in the field of First Aid service delivery and First Aid Training. The analytic qualitative literature review approach is used to explore a deep understanding of the conceptual, theoretical, and methodological frameworks underlying first aid practice, while the researchers' field experience provides valuable insights in enriching and validating findings obtained from the literature. The combination of these two approaches provides a solid methodological foundation for exploring a comprehensive and in-depth understanding of this complex research subject.

RESULTS AND DISCUSSION

First Aid Training that can meet life-saving needs and prevention of limb disability/dysfunction and self-efficacy of first aiders in the Indonesian context includes the following materials:

1. Management of first aid services. The management of first aid services is based on disaster or emergency conditions, in conditions of armed conflict/war/armed violence, in the workplace, and on certain activities such as physical or recreational. Including sorting on mass casualties.
2. Life-saving. Cardiopulmonary resuscitation skills, use of AEDs and control of bleeding and shock.
3. Help for trauma.
4. Non-traumatic help. On attacks of everyday diseases such as stroke, asthma, etc.
5. Help with special conditions. In conditions of traffic accidents, acts of terrorism and outdoor / wild activities.
6. Medical evacuation.

In addition to the material, the methodology to increase the self-efficacy of training alumni is the use of the Act-Pramu approach. Act-Pramu is an approach developed by Ujang Dede Lasmana for rescue technique training to improve skills and self-efficacy. Act-Pramu stands for Active Comprehensive on Theoretical Practical and Simulation. In this approach, training is carried out through a combination of each session with the delivery of theory and demonstration, then immediately followed by practice by participants actively in a skill station with reference to performance performance in each determined action, and at the end of the training a comprehensive simulation session is carried out from all the material that has been given to gain experience in simulation situations based on prepared scenarios. To get real experience, training participants can continue with internships at P3K or First Aid service provider institutions.

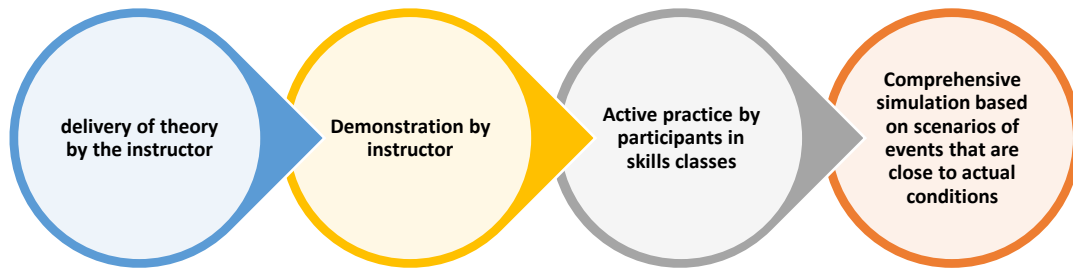


Figure 3. Act Pramu method flow

The curriculum built on the ACT-Pramu approach is competency-based training and is designed in various training packages, each of which has its objectives and competency limitations. The provision and use of names independent of property rights or identity/identifiers of other institutions is necessary in the development of first aid training. This naming includes where first aid is given, in which phase of health care, what is the purpose of the action and who carries out the action, while taking into account the ease of reading, ease of giving abbreviations and no one has ever used. At the very least, the authors identify it with: performed in the pre-hospital phase for life-saving and disability prevention and supporting healing efforts by first aiders.

CONCLUSION

This study named (but not limited to) Training and the type of service with the name Pre-Hospital Life Saver which is abbreviated as PHLS because the provision of first aid is given in the pre-hospital phase and aims to save lives, prevent disability and support healing efforts by first aiders. In addition to avoiding trademark or copyright claims from other institutions (e.g. when using the term Medical First Responder / MFR) as DMII has done in previous first aid training. PHLS is defined as the immediate provision of basic medical assistance to those with sudden injury and illness and is provided in the pre-hospital phase where medical services are absent (outside the hospital or other health facilities), or self-help using or without standard medical equipment.

To get graduates of first aid training who are competent, high self-efficacy and ready to help others when emergencies occur, it is advisable to provide PHLS training to the community, and training providers are advised to carry out training continuously, comprehensively and reach all levels of society. The implementation of training that is continuous, comprehensive and reaches all levels of society can be achieved by building a competency-based training design (curriculum, syllabus and modules), increasing self-efficacy and the desire to help others in all conditions by being equipped with training media, trainer/instructor guides, implementation guidelines and measurable test equipment).

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