Emergency/Disaster Preparedness and Management Extension Service Program of the UNP College of Nursing

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Abstract

The study determined the level of awareness and implementation of Emergency/Disaster Preparedness and Management Extension Service Program of the UNP-College of Nursing among residents of Lidlidda, Ilocos Sur during the calendar year 2007. It also looked into the profile of the respondents and correlated it with their level of awareness and implementation.

The respondents of this study were 106 beneficiaries of the CN Extension Service Program comprising of 70.68% of the total population of all the respondents.

The descriptive method of research was utilized The data were gathered through the use of questionnaire coupled with documentary analysis. The data gathered were analyzed using frequency, percentage, mean and Chi-square (6) test.

The salient findings of the study are as follows: more than half of the respondents are females (53.77%), married (52.83%), and within the age bracket of 31-50 years old (64.26%); majority of the respondents are educated with 24.54% who are high school graduates; 18.87% college level and 24.91% college graduates; the respondents have varied occupation with almost 1/3 (29.26%) who are engaged in farming.

The level of awareness of the respondents on emergency/disaster preparedness and management is "very high" as shown by a "very high" level of awareness on preparedness and management of wounds (6=3.20), drowning (6=3.34), heart attack (6=3.28), electrocution (6=3.30), gunshot or stab wounds (6=3.33), severe bleeding (&=3.45), burns (6=3.33), poisoning (6=3.40), seizure (=3.46), dog bite (6=3.36), snake bite (6=3.38) and fracture (6=3.46). A "high" level of awareness was also exhibited in the preparedness and management of nose bleeding (=2.68), fainting (=3.08), insect bite (6=2.92) and choking (6=3.17).

On the other hand, the respondents exhibited a "very high" level of implementation in the preparedness and management of nose bleeding (6=3.29) and insect bites (6=3.88) only. A "high" level was observed in fainting G=2.87), wounds (=2.94), choking (6=2.78), dog bite (6=3.11) and snake bite (G =2.76). Mean scores of 2.15, 1.88 and 2.0 showed an "average" level of implementation in the preparedness and management of heart attack, seizure and fracture respectively. A "ow" level was exhibited in drowning (a=1.34), burns (6=1.48), and poisoning (j =1.35) and "very low" in gunshot or stab wounds ($=0.64).

Chi-square results showed that the age significantly influenced the respondents' level of awareness on emergency/disaster preparedness and management of fainting (17.2), insect bites (21.3), chocking (18.3), severe bleeding (14.6), poisoning (15.7) and seizures/epilepsy (17.6); sex on severe bleeding (15.3); educational attainment on fever (16.3), gunshot wounds (19.3), severe bleeding (20.1), poisoning (212), and seizures/epilepsy (15.8); and civil status on nose bleeding (13.5), gunshot wounds (21.5), severe bleeding (18.7) and poisoning (13.6) at 0.05 probability level. The occupation of the respondents has no bearing on their level of awareness.

There is significant relationship between age and the level of implementation on emergency/disaster preparedness and management of nose bleeding (24.3), insect bites (20.5), and snake bites (15.7); sex on severe bleeding (22.8;, educational attainment on fever (20.4) and poisoning (18.3); and civil status on insect bites (22.7), and choking (]8.5). Occupation did not influence at all in the level of implementation.

Based on the conclusions, the following recommendations are forwarded: a follow-up training should be conducted to further develop the skills of the people and reiterate the importance/significance of implementing and applying what they learned to cope with the advancing technology; similar extension program should be conducted in other upland municipalities to enhance their capabilities in disaster preparedness and management, and a copy of the result of the study should be given to the municipal mayor of Lidlidda to further assess his program on disaster preparedness and management as basis for budget allocation on such program.

Introduction

Background of the Study

People have been engrossed and overwhelmed with what the computer age had provided us and what it will give them. Inspite of the advancement, it seems that they have forgotten one basic and very important aspect in their lives, their concern for health and safety which is left hanging in the walls of the general public, If you ask every household in this locality regarding their means of coping with emergency situations, answers would come out differently from what is supposed to be and must be.

Perhaps a number of people have experienced sunburn, fever, diarrhea, and cuts. They might have seen, heard, and witnessed cases of heart attack, electrocution, drowning, severe bleeding and other events that took the lives of many people. Reactions among the general populace would say that a victim would have a chance of surviving the fatal effect of the accident and/or sustain less organ damage if only first aid have been employed before medical professionals/paramedics arrived at the scene.

Every year, one out of four people sustains injuries serious enough to require medical attention. It is likely that one day someone will be in a situation in which he or she needs first aid (First Aid Handbook, National Safety Counil, 1995).

Statistics show that accidents are one of the leading cause of death among persons from one year old to thirty eight years old. The annual cost of medical attention, the loss of earning ability due to temporary or permanent impairment, the direct property damage, and the insurance costs amount to many billions of dollars each year, not to mention the toll in pain, suffering, disability, and personal tragedy (American National Red Cross, 1973).

Added to the grim accident statistics is the fact that the pattern of medical care has changed. Individuals today require, and should demand, the best possible care. Equipment for diagnosis and treatment, which is needed to provide such care, is usually at the hospital. Moreover, the growing population and expanding health needs have not been balanced by a proportional increase in numbers of doctors, nurses, and allied health workers. It is not enough to say, "Call the doctor."; a doctor may not be available to come to the scene of emergency (American National Red Cross, 1973).

According to Randol (1993), about 2 million people are hospitalized each year because of injuries, and injuries result in nearly 142,500 deaths each year. Infectious diseases used to cause the greater concern about the health of the children, but now, unintentional injuries cause most childhood deaths. Injuries also cause millions of heart-stopping moments each year. In fact, injuries are the leading cause of death and disability

in children and young adults. More than 70 million people in the United States have cardiovascular disease. Cardiovascular disease causes about 1 million deaths in the United States each year. That's nearly half of the deaths that occur each year. Over 500,000 Americans have strokes each year and 150,000 die each year from stroke.

Each time a person is injured or experienced a sudden illness, such as a heart attack or stroke, someone has to do something to help him or her. He or she may find himself or herself in the position of having to provide help someday. Everyone should know what to do in an emergency. He or she should know whom to call and what care to provide. Providing care involves giving first aid until professional medical help arrives. Everyone should know first aid. Even if he or she has not had any first aid training, he or she can still help in an emergency. Calling for the local emergency phone number is the most important thing he or she can do. The sooner medical help arrives, the better a person's chances of surviving a life-threatening emergency (Handal, 1993).

Many lives are needlessly lost because those at hand do not have the informed awareness of how to deal with emergency caused by accidents or illness. Although a knowledge of first aid procedures is not a substitute for medical attention, it provides the basis for handling crucial situations with some degree of confidence and competence until the victim can be treated by a doctor (Fishbein, 1977).

The strengthening of the Philippine disaster control capability and establishment of the national program on community disaster preparedness was made on June 11, 1978 by the President of the Philippines known as Presidential Decree No. 1566. It cited that:

> "the technological advances of the modern world had ushered in more lethal weaponry, environmental pollution, huge serial and maritime disasters, and flash holocausts;"
>
> "there is a need for revitalized system to enhance the survival capability and economic stability of our country against all types of disasters whether natural or man-made;"
>
> "there is a cogent requirement for pre-disaster planning, community disaster preparedness and positive, precise disaster control action for rescue evacuation, relief and rehabilitation to insure the survival of every Filipino in the New Society".

While it is true that a campaign drive for calamity and disaster preparedness have been launched in the Philippines a decade ago, only a few ere able to undergo the proper training and still few have responded to the vision of preparing the whole Filipino populace to be disaster-conscious and disaster-ready. It is for this reason that the College of Nursing

in the University of Northern Philippines provided extension services on general health, and emergency/disaster preparedness and management to the different municipalities of Ilocos Sur to be able to address and arrest the problem on health especially on emergency conditions and situations.

It is a dream for every family to have its own representative in this worldwide endeavor of keeping themselves abreast with the basic first aid and life support techniques which serves as their strongest weapon in matters concerning life and death. The commencement of the appropriate first aid measures in a medical emergency can mean the difference between life and death; between temporary and pennanent disability; and, between rapid recovery and long hospitalization.

Objectives

The study aimed to determine the level of awareness and implementation of emergency/disaster preparedness and management extension service program for UNP College of Nursing.

Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in terms of the following: **age,** sex, educational attainment, civil status, and occupation?
2. What is the level of awareness and extent of implementation of the emergency/disaster preparedness and management among the beneficiaries of the College of Nursing Extension Service Program?
3. Is there a significant relationship between the level of awareness and implementation of the emergency/disaster preparedness and management and the profile of the respondents?

Scope and Delimitation

This study will be undertaken among the beneficiaries of the emergency/disaster preparedness and management extension service program of the College of Nursing at Lidlidda, Ilocos Sur. It primary aims to determine the level of awareness and extent of implementation of the service program among the beneficiaries of Lidlidda, llocos Sur.

The data needed for this study will be gathered through questionnaire/checklist which was devised by the researcher.

Review of Related Literature

The following concepts, principles and readings related to disaster preparedness and management were used for a better understanding of the study.

First Aid is defined as an immediate and temporary treatment of a victim of sudden illness or injury while awaiting the arrical of medical aid. Proper early measures maybe instrumental in saving life and ensuring a better and more rapid recovery (Columbia Encyclopedia).

According to Trimble, Emergency Nursing comprises a specialty in which nurses care for patients in the emergency and critical phase of their illness or injury and are adept of discerning life-threatening problems, prioritizing urgency of care, rapidly and effectively carrying our resuscitative measures and other treatment, acting with a high degree of autonomy and ability to initiate needed measures without outside direction, educating the patient and his family with the infonnation and emotional support needed to preserve themselves as they cope with a new reality. These activities may be carried out in a variety of settings and not necessarily in an "Emergency Room".

Disaster Preparedness and Management

The aims of disaster preparedness are to minimize the adverse effects of a hazard through effective precautionary actions, and to ensure timely, appropriate and efficient organization and delivery of emergency response following the impact of a disaster.

Age. The age bracket where emergency/disaster preparedness and management has the highest level of awareness and extent of implementation is during the late adolescence up to middle adulthood when an individual is at the prime of his life and his energy is at its peak.

Sex. As a general observation, mostly males have the greater number as to the implementation especially in area of disaster management somehow because of the firmer and stronger body built in the performance of the task.

Educational **attainment.** Most of the people participating in emergency/disaster preparedness and management are college graduates. Few trained persons are within the high school level or high school graduate.

Civil Status. The level of awareness holds true to the married people which is related to the experiences they encounter in the home, place of work and outside the home. Single persons are much more on the go in tenns of implementation.

Occupation. The greatest number of awareness and implementation is more pronounced to people who are inclined to health and health allied professionals to include the *PNP*, AFP, Fire Department, DSWD and Barangay Health Worker with their volunteers.

You will never see an emergency you prevent. However, emergency can happen, regardless of attempts to prevent them. If you are prepared for unforeseen emergencies, you can help ensure that the care be given as soon as possible–for yourself, your family and your fellow citizens. If you are trained in first aid, you can give help inn the first few minutes of an emergency that can solve and save life. First aid can be the difference between complete recovery and permanent disability. By knowing what to do you will be better able to mange your fears and overcome barriers to actions. The most important things are to recognize that an emergency has occurred then give first id until help arrives (American Red Cross, 1993).

Once an emergency has occurred one must decide whether to help and how he can best help. There are many ways one can help in an emergency. In order to help, you must act whether or not you have had first aid training. Being faced with an emergency situation will probably cause you to have a mixed feelings. Besides wanting to help, you may have other feelings that make you hesitate or back away from the situation. These feelings are personal and very real. The decision to act is yours and yours alone. Sometimes, even though people recognize that what has happened is an emergency they fail to act. There are many reasons why people don't act in an emergency. The most common factors that influence a person's response include the presence of other people, uncertainty about the victim, then type of injury or illness, fear of catching a disease and fear of doing something wrong (American Red Cross, 1993).

Most emergencies happen in or near the home, so you are more likely to give care to a family member or a friend than to someone you do not know the victim and feel uneasy about helping a stranger. Sometimes you may not be sure about taking action because of whom the victim is. For example, the victim may be much older than you, be a different gender, or race, having disabling conditions, be of different status at work, or be a victim of crime. Sometimes people who have been injured or become suddenly ill act strangely or may be hard to deal with. The injury or illness, stress or other factors such as the effects of drugs, alcohol, or medication may make people unpleasant or angry. Do not take this personally. If you feel at all threatened by the victim's behavior leave the area immediately and call your local emergency. Remember that you are more likely to use your first aid skills to help someone you know personally such as a family member, friend or co-worker. In some instances, you may know this person's health status and be aware of the risk of infection (American Red Cross, 1993).

People act differently in emergencies whether trained on first aid or not. Some people are afraid of doing the wrong thing and making matters worse. The worst thing to do is nothing (American Red Cross, 1993).

Patient assessment is an important skill and tool for health professionals. It is used in detennining whether a patient is suffering from life threatening condition or whether the patient is stable and treatment may be delayed. A good assessment can help patient to help from deteriorating or to anticipate and prepare from deterioration of an unstable patient. Assessment is vital to detennine whether the patient may need emergency treatment, non-emergency care, referral to a clinic or physician, home treatment or no treatment at all. A health professional who does a proper assessment will be able to relay patient infonnation to another professional for consultation (Allison, 1998).

In the evolving emergency medical and community health system in the Philippines, it will be more critical for health professionals to assess and treat patients outside the hospital to have adequate assessment skills. Approximately 80% of the diagnoses are made "subjective" assessment and neglect the most important aspect, the history (Allison, 1998).

Methodology

The descriptive method of research was utilized. The data were gathered through the use of questionnaire coupled with documentary analysis. The data gathered were analyzed using frequency, percentage, mean and Chi-square ($\times$) test.

Results and Discussion

Profile of the Respondents

The profile of the respondents involved in this study as to age, sex, educational attainment, civil status and occupation is presented in Table I.

It is evident in the results that the respondents were found to be adults already given as follows: from 61-70 years old (4 or 3.77); 51-60 years old (16 or 15.09%); 41-50 years old (36 or 33.96%);131-40 (30 or 28.30%); and 21-30 (20 or 13.87%).

Out of the 106 respondents in this research, 49 or 46.23% are male and 57 or 53.77% are female.

Table 1. Profile of the Respondents.

Profile of the Respondents	No.	%
Age		
61–70	4	3.77
51–60	16	15.09
41–50	36	33.96
31–40	30	28.30
21–30	20	13.87
Ser		
Male	49	46.23
Female	57	53.77
Educational Attainment		
Elementary level	13	12.26
Elementary graduate	10	9.43
High school level	0	0
High school graduate	26	24.53
College level	20	18.87
College graduate	37	34.91
CKil **Status**		
Single	38	35.85
Married	56	52.83
Widow/er	9	8.49
Separate	3	2.83
Occupation		
Government Employee	12	11.32
Midwife	7	6.60
BFP	I	0.94
PNP	2	1.89
US Navy	1	0.94
Teaching	13	12.26
Farming	31	29.26
Barangay official	16	15.09
Barangay Health Worker	4	3.77
Pastor	1	0.94
Driving	I	0.94
Housekeeping	17	16.05

It was also found out that 37 or 34.91% of the respondents finished college, 20 or 18.87% were on the college level, 26 or 24.53% finished high school, 10 or 9,43% finished elementary while 13 or 12.26% were on the elementary level.

The table also shows that 31 or 29.26% are involved in farming, 16 or 15.09% are barangay officials, 13 or 12.26% are teaching, 12 or 11.32% are government employees while 17 or 16.05% are plain housekeepers.

Level of Awareness and Extent of Implementation of the Emergency/ Disaster Preparedness and Management Among the Beneficiaries of the College of Nursing Extension Program

The level of awareness and implementation on emergency/disaster preparedness and management of the respondents in terms of fever is presented in Table 2.

Table 2. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Fever

Fever	Awareness		Implementation	
	5	DR	5	DR
1. Perform tepid sponge bath	2.78	MA	2.0	L
2. Apply ice pack/cold compress over forehead, on armpit and/groin	3.38	VMA	1.65	L
3. Increase fluid intake	2.83	MA	3.15	H
4. Provide adequate ventilation with use of electric fan or open window	2.06	MA	1.09	L
5. Administer antipyretic medicine immediately (paracetamol, Tylenol)	3.26	VMA	2.23	A
As a Whole	**2.86**	**A**	**2.02**	**A**

It was found out that the level of awareness and implementation of the different emergency measures when fever attacks the families and relatives of the respondents is "Average" with a mean rating of 2.86 and 2.02 respectively. This means that the respondents are not very much aware on the emergency measures to treat fever and so they could not also fully implement them because of very little knowledge on them.

Table 3 presents the level of awareness and implementation on emergency/disaster preparedness and management of the respondents in terms of diarrhea.

Table 3. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in terms of diarrhea

Diarrhea	Awareness		Implementation	
	5	DR	5	DR
1. Increase fluid intake with a pinch of sugar and salt	3.28	VMA	3.02	H
2. Give banana, rice, apple, tea, or "am"	3.46	VMA	3.88	H
3. Administer antidiarrheal medicine (loperamide, diatabs)	3.06	VMA	2.15	A
As a Whole	3.27	H	2.01	A

The result clearly show that the level of awareness on how to treat "diarrhea" as a sickness is "High" with a mean rating of 3.21 but an "Average" level on the implementation aspect with a mean rating of 2.01. This implies that the respondents are fully aware of the measures to treat diarrhea but there is less practice on the implementation.

The level of awareness and implementation on the treatment of Epistaxis/Nose bleeding is shown in Table 4.

Table 4. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Epistaxis/Nosebleeding

Epistaxis/Nosebleeding	Awareness		Implementation	
	5	DR	5	DR
1. Position patient's head slightly bend forward	1.99	SA	3.53	H
2. Press nosebridge with steady pressure for at least 5 minutes	3.09	MA	3.28	H
3. Place an ice pack over nosebridge	2.96	MA	3.05	H
As a whole	2.68	A	3.29	H

It is quite surprising to note that the level of implementation is "High" with a mean rating of 3.29 while the level of awareness is "High" with a mean rating of 2.68. This implies that the treatment of nose bleeding, if there are instances, is done mostly on practical treatment or application rather than following exactly the procedures as lectured by lecturers.

Fainting is a kind of sickness which need to be given a first aid treatment and the results in this study is presented in Table 5.

Table 5. Level of Awareness and Implementation on Emergency/Disaster **Preparedness and Management of the Respondents in Terms of Fainting.**

Fainting	Awareness		Implementation	
	5	DR	5	DR
1. Loosen tight clothing assist patient to lie down lower extremities elevated	3.13	VMA	3.22	H
2. Provide adequate ventilation	3.09	VMA	3.50	H
3. Use spirit of ammonia	3.01	VMA	1.88	L
As a whole	**3.08**	**H**	**2.87**	

It can be gleaned from the table that there is a "High" level of awareness in the treatment with a mean rating of 3.08 but an "Average" level of implementation which means that the respondents are highly aware of the process of treatment but they cannot fully implement. This maybe due to lack of facilities to use in the process.

Another kind of sickness which needs to be given an emergency treatment in wounds and the result of this study is presented in Table 6.

Table 6. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Wounds.

Wounds	Awareness		Implementation	
	5	DR	5	DR
1. Apply direct pressure on the area affected.	3.03	VMA	3.31	H
2. Apply tourniquet above the sever wound.	3.31	VMA	2.45	A
3. Elevate affected part higher than the heart.	3.25	VMA	3.05	H
As a whole	**3.20**	**H**	**2.94**	**A**

The result shows that there is a "High" level of awareness in the treatment with a mean rating of 3.20 but an "Average" level of implementation with a mean rating of 2.94. This implies again that the respondents know the treatments in theories but the application is lesser. This further implies that this is due to lack of tools or equipment to use so they can not follow exactly the process. They prefer the application of herbal medicines when somebody is wounded.

In the place of this study insect bites or stings are somewhat important because it is a mountainous place and the result of the study is shown in Table 7.

Table 7. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Insect Bites/Stings.

Insect Bites/Stings	Awareness		Implementation	
	5	DR	57	DR
1. Scrape the stinger with knife blade or tweezers	2.89	MA	3.26	H
2. Apply vinegar over stinged area	2.29	MA	3.68	H
3. Wash site with soap and water	3.37	VMA	3.08	H
4. Apply ice pack for 10-15 minutes	3.12	VMA	3.12	H
As a Whole	**2.92**	**H**	**3.28**	**H**

It is to be noted that there is a "High" level of awareness and implementation on the treatments of insect bites or stings with a mean rating of 2.92 and 3.28 respectively. High level implies that the respondents are fully aware and are fully implementing the different methods of treatment to this kind of disaster.

The level of awareness and implementation of the different emergency/disaster preparedness and management in terms of choking is shown in Table 8.

Table 8. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Choking.

Choking	Awareness		Implementation	
	5	DR	5	DR
1. Allow victim to cough out foreign body in his throat, if conscious.	3.04	VMA	2.98	H
2. Slap the back four times so that the foreign body be dislodged in his throat and move down the esophagus.	3.31	VMA	3.43	H
3. Remove foreign object in throat, when visible, using the "finger sweep" method.	3.08	VMA	**3.88**	H
4. Perform the Heimlichs Maneuver (abdominal thrust)	3.03	VMA	1.66	A
5. Bring the victim immediately to the hospital	3.38	**VMA**	1.95	A
As a Whole	3.17	H	2.78	H

There is a "High" level of awareness with a mean rating of 3.17 and a "High" level of implementation with a mean rating of 2.78. This means that the respondents are very

much aware of the different treatments apply because they prefer to do the practical treatment rather than the theories they have learned.

Drowning is an incident which is not very rampant in the place where this study was conducted because rivers are not that deep if it is not rainy season, the result of which is presented in Table 9.

Table 9. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Drowning.

Drowning	Awareness		Implementation	
	5	DR	5	DR
1. Use a pole or an obiect to reach the victim.	3.29	VMA	0.25	VL
2. Use a boat especially if the victim is away from the shore	3.31	**VMA**	0.09	VL
3. Use a floating object to hold on to when swimming to the victim.	3.40	VMA	1.45	L
4. Perform CPR (if there is no pulse and no breathing)	3.37	**VMA**	1.12	L
5. Perform artificial perspiration (if there is no breathing but with pulse)	3.29	**VMA**	1.71	**A**
6. Transport victim immediately to a hospital	3.38	VMA	0.86	L
As a Whole	**3.34**	**H**	0.91	**L**

The level of awareness among the respondents is "High" with a mean rating of 3.34 while the level of implementation is "Very Low" with a mean rating of 0.91. It is very obvious that there is **a** very low level of implementation although with a high level of awareness because drowning seldom occurs in the place.

Heart attack/stroke happens anywhere, low lands or high lands, the result of this category is shown in Table 10.

There is a "High" level of awareness but an "Average" level of implementation with a mean rating of 3.28 and 2.15 respectively. This means that the respondents are very much aware or knowledgeable on the ways and means of an emergency treatment of this kind of sickness but not applied very often, maybe because seldom that the people experience a heart attack or stroke from the place. This is a good sign because maybe their for of exercise is good for their heart since the air they breath in the mountain areas is fresh and good for the health.

Table 10. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of **Heart** Attack/Stroke.

Heart Attack/Stroke	Awareness		Implementation	
	5	DR	5	DR
1. Let the victim lie on his back with head part elevated	3.346	VMA	3.05	H
2. Administer available cardiac medicine, if victim has a stroke	2.86	MA	2.32	A
3. If unconscious, assess airway, breathing, and circulation	3.38	VMA	1.83	A
4. Perform CPR (if victim is not breathing and with no pulse)	3.38	VMA	1.67	A
5. Bring victim immediately to a hospital	3.33	VMA	1.88	A
As a Whole	**3.28**	**VH**	**2.15**	**A**

The level of awareness and implementation of the emergency/disaster preparedness and management in terms of electrocution is presented in Table 11.

Table 11. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Electrocution

Electrocution	Awareness		Implementation	
	5	DR	5	DR
1. Turn off, unplug, or disconnect power before approaching a victim	3.33	VMA	0.86	L
2. Check airway, breathing, circulation	3.27	VMA	1.0	L
3. **Seek** medical attention immediately	3.31	VMA	0.96	L
As a Whole	**3.30**	**VH**	**0.94**	**L**

The result clearly shows that there is a "Very High" level of awareness with a mean rating of 3.30 and a "Low" level of implementation with a mean rating of 0.94. This implies that although they know how to manage theoretically, the application is less because the incident seldom happens in their place.

Table 12 presents the level of awareness and implementation of the emergency/disaster preparedness and management in terms of gunshot/stab wounds.

Table 12. Level of Awareness and Implementation on Emergency/Disaster **Preparedness and Management of the Respondents in Terms of Gunshot/Stab Wounds**

Gunshot/Stab Wounds	Awareness		Implementation	
	5	DR	5	DR
1. Cover affected part with clean cloth while applying constant pressure	3.30	VMA	0.48	VL
2. For stab wound, do not remove sharp object if it is still embedded/penetrated in the victim's body	3.25	VMA	0.92	L
3. Apply tourniquet above injured area (GSW extremities)	3.29	VMA	0.63	VL
4. Bring victim immediately to a hospital	3.50	VMA	0.52	VL
As a Whole	**3.33**	**VH**	**0.64**	**VL**

It can be seen from the table that there is a "Very High" level of awareness with a mean rating of 3.33, for a "Very Low" 0.64. This means that even if they are very much aware on what to do if the incident happens but they do not oftenly practice because the incident seldom happens.

Severe bleeding is one kind of sickness that needs an emergency treatment result of the level of awareness and implementation is presented in Table 13.

Table 13. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Severe **Bleeding**

Severe Bleeding	Awareness		Implementation	
	5z	DR	5	DR
1. Apply tourniquet above injured area (for extremities)	3.47	VMA	1.36	L
2. Cover affected part with clean cloth and apply constant pressure	3.43	VMA	1.09	L
3. Bring victim immediately to a hospital	3.46	VMA	1.57	L
As a Whole	**3.45**	**H**	**1.34**	**L**

The respondents have a "Very High" level of awareness with a mean rating of 3.45 but "Low" level of implementation with a mean rating of 1.34. This means that they prefer to apply practical herbal medicines rather than following the process of treatment.

The level of awareness and implementation of the emergency/disaster preparedness and management in terms of burns in shown in Table 14.

Table 14. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Burns

Burns	Awareness		Implementation	
	57	DR	5	DR
1. Put burned area over running water/immersed burned area in tap water.	3.33	VMA	1.88	A
2. Do not apply anything on burned/scalded area.	3.19	VMA	1.05	L
3. Do not remove sloughed tissue/adhered particles of charred ciothing on skin	3.27	VMA	1.64	A
4. Use a damp clean cloth to cover the burned area.	3.36	VMA	1.53	L
5. Bring the victim immediately to a hospital	3.52	VMA	1.32	L
As a Whole	**3.33**	**VH**	1.48	**L**

The result clearly shows that there is a "Very High" level of awareness with a mean rating of 3.33 but a "Low" level of implementation with a mean rating of 1.48. This means that although they are very much aware on the theories to be followed to treat bums but the implementation is low because the incident seldom happens.

Table 15 presents the level of awareness and implementation of the emergency/disaster preparedness and management in terms of poisoning.

Table 15. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Poisoning (ingested)

Poisoning	Awareness		Implementation	
	5	DR	5	DR
Poisoning (Ingested)				
1. Check the victim's level of consciousness, breathing, and pulse	3.46	VMA	1.38	L
2. If the victim is unconscious, open airway and give artificial respiration.	3.30	VMA	1.25	L
3. Look for any containers of poison and take them with you.	3.42	VMA	2.11	A
4. Seek medical assistance immediately.	3.42	VMA	0.67	VL
As a Whole	3.40	H	1.35	L

The result shows that there is "Very High" level of awareness with a mean rating of 3.4 but a "Low" level of implementation with a mean rating of I.35. This means that although they are very much aware of the theories in treating a poisoned person, they prefer to apply practical medicines which they can readily use and are abundant in their place.

The level of awareness and implementation of the emergency/disaster preparedness and management in tenns of seizure/epilepsy is presented in Table 16.

Table 16. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Seizure/Epilepsy.

Seizure/Epilepsy	Awareness		Implementation	
	5	DR	5	DR
1. Assist victim to lie flat on his back	3.49	VMA	2.36	A
2. Loosen tight clothing	3.52	VMA	2.72	H
3. Tur victim's head to side	3.42	VMA	1.07	L
4. Place mouth gag so victim will not bite his tongue	3.39	VMA	1.12	L
5. Monitor duration of seizure activity	3.46	VMA	2.08	A
As a hole	**3.46**	**VH**	**1.88**	**A**

There is a "Very High" level of awareness with a mean rating of 3.46 but with a "Average" level of implementation with a mean rating of 1.88 but they seldom implement because their practical way of reviving is more effective.

Dog bite is another incident that needs emergency treatment and the result of the level of awareness and implementation of the treatments is presented in Table 17.

Table 17. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Dog Bite

Dogbite	Awareness		Implementation	
	5;	DR	5x	DR
1. Wash the wound with soap and running water	3.47	VMA	3.08	I-I
2. Use ventussa	3.14	VMA	3.82	H
3. Consult medical doctor at once	3.46	VMA	2.43	A
As a hole	3.36	H	3.11	H

A "Very High" level of awareness and implementation was found with a mean rating of 3.36 and 3.11, respectively. This means that not only they are very much aware on the knowledge on treating but also they implement to the fullest.

Another incident that needs immediate treatment whether theoretical or practical is the snake bite. The level of awareness and implementation is presented in Table 18.

Table 18. Level of Awareness and Implementation on Emergency/Disaster Preparedness and Management of the Respondents in Terms of Snakebite

Snakebite	Awareness		Implementation	
	5	DR	5	DR
1. Immobilize victim and keep bitten area below the level of the heart	3.49	VMA	3.12	H
2. Apply tourniquet 2-4 inch above the bitten area (if extremities are involved)	3.28	VMA	1.48	L
3. Use vertussa or sucking horn	3.32	VMA	3.36	H
4. Wash the wound thoroughly with soap and water	3.29	VMA	2.52	A
5. Incise through skin, suck venom and spit out	3.39	VMA	3.83	H
6, Bring victim immediately to the hospital	3.53	VMA	2.23	A
As a Whole	3.38	H	2.76	A

The respondents are very much aware of the steps to be followed in treating snakebite having a "High" level of awareness with a mean rating of 3.38 but with an "average" level of implementation with a mean rating of 2.76. This means that they are fully aware of the theories but they prefer practical application of herbal medicines to treat the incident because of their experiences in this kind of incident.

The level of awareness and implementation of the emergency/disaster preparedness and management in terms of fracture is presented in Table 19.

Table 19. Level of Awareness and Implementation on Emergency/Disaster **Preparedness and Management of the Respondents in Terms of Fracture**

Fracture	Awareness		Implementation	
	5	DR	5	DR
1. Immobilize affected area using a splint	3.45	VMA	1.24	L
2. Cover an open fracture with a clean cloth	3.47	VMA	2.75	H
As a Whole	**3.46**	**VH**	**2.0**	**L**

There is a "Very High" level of awareness with a mean rating of 3.46 but with a "Average" level of implementation with a mean rating of 2.0. This means that although they are very much aware on how to treat this kind, they prefer to bring the patient to a certified doctor because the treatment needed can only be done by a surgeon.

Significant Relationship Between the Level of Awareness and Implementation of the Emergency/Disaster Preparedness and Management and the Profile of the Respondents

Table 20 presents the summary of the relationship between the level of awareness of the emergency/disaster preparedness and management and the profile of the respondents.

A significant relationship was found between age and the following: fainting (17.2); insect bites/stings (21.3); choking (18.3); severe bleeding (14.6); poisoning (15.7); and seizure/epilepsy (17.6); and all the rest showed insignificant relationships. The significant relationships imply that the age of the respondents contributes a lot to their awareness on the treatment and management of the above sicknesses, while the insignificant relationships imply that the age has no bearing or hasting to do with their level of awareness.

Another significant relationship was shown between sex and severe bleeding (15.3); while the rest did not show any significant relationship. This implies that the sex has something to do with their awareness on bleeding especially the women.

Educational attainment is significantly related to the following: fever (16.3); gunshot/stab wounds (19.3); severe bleeding (20.1); poisoning (21.2); and seizure/epilepsy (15.8). Significant relationship implies that the dependent variable highly depends upon the independent variable; therefore, awareness on the treatment of the following: fever, gunshot/stab wounds, severe bleeding, poisoning and seizure epilepsy depends on the education attained by the respondents, which further means that the higher the education attained by an individual the more he becomes aware on the correct procedure or process of treating the sickness, and the lower the education attained by the individual the lesser is his level of awareness.

Another significant relationship was shown between civil status and the following epistaxis/nose bleeding (13.5); gunshot/stab wounds (21.5); and severe bleeding (18.7). Since the null hypothesis was rejected it means that when a person is married his level of awareness increases because of the responsibility that goes with his civil status and his obligations to his family.

Occupation does not have a high bearing or influence on any of the categories mentioned in the study since it is not significantly related to anyone of them. It means that occupation has nothing to do using the high or low level of awareness.

The relationship between the level of implementation on emergency/disaster preparedness and management and the profile of the respondents in presented in Table 21.

Age showed significant relationships with the following: epistaxis/nose bleeding (24.3); insect bites/stings (20.5); and snake bites (15.7). This implies that the older the individual, the highest is his level of knowledge on the right implementation of the procedure to treat the above named sicknesses. Another reason maybe is that if the individual is still young, the less he pay attention in knowing the right procedure in the treatment.

Sex is significantly related to severe bleeding (22.8). This means that the women know better in implementing the ways to treat this kind of sickness since they are frequently experience it.

Educational attainment shows significant relationship with fever (20.4) and poisoning (18.3). This means that the higher the educational attainment of an individual the more he knows how to implement the methods of treatment since he has the ability and capability of interpreting properly the procedures.

Another significant relationship was shown between civil status and the following: insect bites/stings (22.7); and choking (18.5). This maybe due to the fact that married people are more exposed to practical life situations and have more experiences in this kind of happenings.

As in awareness, occupation is not significantly related to any of the categories mentioned in this study. This means that whatever the occupation of an individual, if he knows how to implement procedures properly, then the level of implementation increases, even if the individual is an executive if he does not care about this emergency treatments, then it is useless.

Conclusions

Based on the findings in this study, the researchers were led to draw the following conclusions.

1. More than half of the respondents are females (53.77%), married (52.83%),and

within the age bracket of 31-50 years old (64.26%). The majority of the respondents are educated with 24.54% who are high school graduates; 18.87%, college level and 24.91%, college graduates. The respondents have varied occupation with almost 1/3 (29.26%) who are engaged in farming.

2. The level of awareness of the respondents on emergency/disaster preparedness and management is "very high" as shown by a "Very High" level of awareness on preparedness and management of wounds (=3.20); drowning (=3.34); heart attack (5=3.28); electrocution (=3.30); gunshot or stab wounds (9=3.33); severe bleeding (=3.45); burs (=3.33); poisoning (=3.40); seizure (=3.46); dog bite (=3.36); snake bite (9=3.38) and fracture (=3.46). A "High" level of awareness was also exhibited in the preparedness and management of nose bleeding (=2.68); fainting (=3.08); insect bite (5=2.92) and choking (=3.17).

On the other band, the respondents exhibited a "Very High" level of implementation in the preparedness and management of nose bleeding (=3.29) and insect bites (=3.88) only. A "High" level was observed in fainting (=2.87); wounds (9=2.94); choking (=2.78); dog bite (=3.11) and snake bite (& =2.76). Mean scores of 2.15, 1.88 and 2.0 showed an "Average" level of implementation in the preparedness and management of heart attack, seizure and fracture respectively. A "Low" level was exhibited in drowning (=1.34); bums (=1.48) and poisoning (=1.35) and "Very Low" in gunshot or stab wounds (X=0.64).

4. Chi-square results showed that the age significantly influenced the respondents' level of awareness on emergency/disaster preparedness and management of fainting (17.2), insect bites (21.3), chocking (18.3), severe bleeding (14.6), poisoning (05.7) and seizures/epilepsy (17.6); sex on severe bleeding (15.3); educational attainment on fever (16.3); gunshot wounds (19.3), severe bleeding (20.1), poisoning (212), and seizures/epilepsy (15.8); and civil status on nose bleeding (13.5), gunshot wounds (21.5), severe bleeding (18.7) and poisoning (13.6) at 0.05 probability level. The occupation of the respondents has no bearing on their level of awareness.

5. There is significant relationship between age and the level of implementation on emergency/disaster preparedness and management of nose bleeding (24.3), insect bites (20.5), and snake bites (15.7); sex on severe bleeding (22.8), educational attainment on fever (20.4) and poisoning (18.3); and civil status on insect bites (22.7) and choking (18.5). Occupation did not influence at all the level of implementation.

Recommendations

1. A follow-up training should be conducted to further develop the skills of the people and reiterate the importance/significance of implementing and applying what they learned to cope with the advancing technology.

2. Similar extension program should be conducted in other upland municipalities to enhance their capabilities in disaster preparedness and management.

3. A copy of the result of the study should be given to the municipal mayor of Lidlidda to further assess his program on disaster preparedness and management as basis for budget allocation on such program.

References

Grollier Encyclopedia of Knowledge. 1995.

Handal, Kathleen A. 1993. American Red Cross. USA: Little Brown and Company.

Heart Letter, Official Publication of the Philippine Heart Center, Nov.-Dec. 1990, Vol. 6, No.6

Trimble, Tom RN, http.//enw.org.1996

Walsh, Charles V. 1990. Strategy and Leadership. Newyork: Mc Millan.