RESEARCH ARTICLE

Article URL: https://ojs.poltekkes-malang.ac.id/index.php/HAJ/index

First Aid Overview of Primary School Teachers to Students with Epistaxis

Yusuf Muhammad Firjatullah[1(CA)], Arif Muliyadi[2], Roy Fabrigas Bermudez[3]
[1]Department of Nursing Poltekkes Kemenkkes Malang Indonesia
[2]Depertemen of Nursing Poltekkes Kemenkkes Malang Indonesia
[3]Qatar Energy, Doha
Correspondence author's email ([CA]): firjatullah87@gmail.com

ABSTRACT

Epistaxis often occurs in elementary school-aged children. Teachers are the people closest to students and are the first aid to children who experience epistaxis at school. This research aims to identify the ability of MI Manba ul' Ulum Tulungagaung teachers to provide first-aid treatment for students with epistaxis. This research used a quantitative descriptive method with a population of all teachers who teach at MI Manba 'Ul 'Ulum Tulungagaung as many as 36 teachers, all of whom are sampled in this research using analytical techniques. The results of this study indicate that more than half of the teachers at MI Manba 'Ul 'Ulum Tulungagung's epistasis first aid abilities (52.8%) are sufficient and less than half (25%) are less than half (22.2%) have enough abilities. good abilities. Therefore, teachers with adequate and inadequate skills regarding first aid for epistaxis should increase their knowledge and skills so that they can perform first aid for epistaxis, namely collaborating with community health centers to provide education about first aid, especially epistaxis, in the UKS (School Health Unit).

Keyword : frist aid; epistaxis

INTRODUCTION

Epistaxis or what is known to the public as a nosebleed, describes a condition where the nose is bleeding. Epistaxis is nasopharyngeal bleeding so it can cause emergencies in (ENT) (1). There are 9% of children experiencing recurrent epistaxis. The nose has many plexiform blood vessels which make it susceptible to bleeding. Mucosal dryness, exposure of anterior septal vessels, trauma (including nose picking), or residual and idiopathic foreign bodies are the main causes of episodes of epistaxis in children. Nosebleeds may also occur less frequently due to local disorders such as upper respiratory infections or inflammation, also known as allergic rhinitis (2).

Epistaxis is prone to occur in children aged 6-10 years. Epistaxis is very rare in children under 2 years of age, with an incidence of only 1 per 10,000 cases (3). Epistaxis is an injury that often occurs at school. As a result of incorrect management of epistaxis, such as positioning the victim looking up, it

Submitted: 28 May 2024 Reviewed: 17 June 2024 Accepted: 28 June 2024
Doi: https://doi.org/10.31290/haj.v1i2.4589

can cause blood flow to form behind the nose so that it can enter the back of the mouth and reach the respiratory tract, which can cause the victim to choke and cough and have difficulty breathing (4).

Based on the results of a preliminary study at Madrasah Ibtidaiyah Manba Ul' Ulum Buntaran-Rejotangan-Tulungagung in the last 5 years there were 2 incidents of epistaxis caused by impact injuries while playing with friends and experienced by students in grades 1 and 2. Results from interviews with the principal and one UKS teacher said that first aid by the teacher was still the traditional method, namely covering it directly with betel leaves. Betel leaves can be used as a treatment for nosebleeds because they can stop bleeding temporarily by inserting them into the nostrils. This is done by rolling up betel leaves and inserting them into the nostrils as a temporary treatment for nosebleeds (5).

From the results of preclinical tests, betel leaves are anti-inflammatory and do not cause toxicity, but incorrect use or treatment causes betel leaves to be ineffective and have negative impacts, such as using betel leaves directly on the skin or mucosa can irritate some individuals. This can happen especially if betel leaves are used in the form of extract or oil, inserting the betel leaves too deeply and also using betel leaves that are not washed first (6).

Some teachers also don't know the correct management of epistaxis as evidenced by the results of interviews. When a nosebleed occurs, students are even advised to raise their heads. Based on the description above, the author is interested in conducting research with the title Description of Primary School Teachers' First Aid to Students Who Experience Epistaxis to find out what the description of primary school teachers' first aid to students who experience epistaxis at Madrasah Ibtidaiyah Manba ul' Ulum Tulungagung.

METHODS

The design used in this study is one type of quantitative descriptive research the population in this study is a class 1-6 teacher in MI Manba ' Ul ' Ulum Tulungagung as many as 36 people sampling techniques in this study using a total sampling of variables from this study is the first aid teacher primary school for students with disabilities epistaxis.

RESULT

Table 1. General data of Respondents

Characteristics of Respondents		Frequency	Percentage (%)
Gender	Male	8	22
	Female	28	78
Length of Work (Year)	1-10	19	53
	11-20	5	14
	21-30	9	25
	31-40	3	8

Characteristics of Respondents		Frequency	Percentage (%)
Last education	Magister	3	8
	Bachelor	31	86
	Senior high school	2	6
The teacher experienced epistaxis	Ever	30	83
	Never	6	17

Based on Table 1, it is known that the majority (22%) of the teachers at MI Manba 'Ul 'Ulum Tulungagung are female and only a small portion (22%) are male, more than half (53%) of the teachers at MI Manba 'Ul' Ulum Tulungagaung work for 1-10 years, the majority (86%) of teachers at MI Manba 'Ul 'Ulum Tulungagung have a bachelor's degree, the majority (83%) of teachers at MI Manba 'Ul 'Ulum Tulungagung have experienced epistaxis at school.

Table 2. Epistaxis first aid research data, the majority of actions are not carried out and are carried out by teachers

No	Action	Done	(%)	are not done	(%)
1	Ask the victim to sit with their head down	23	63,89	13	36,11
2	Ask the victim to press the bridge of his nose and ask him to breathe through his mouth	13	36,11	23	63,89
3	Ask not to talk, swallow, spit, cough, or sneeze when providing first aid for epistaxis. So it interferes with blood clotting.	28	77,78	8	22,22
4	Releasing pressure on the nose every 10 minutes. If bleeding still occurs, apply pressure for 10 minutes. If the bleeding lasts more than 30 minutes, immediately take it to the nearest health facility for treatment	8	22,22	28	77,78
5	Observe the bleeding when it stops.	33	91,67	3	8,33
6	Clean the area around the nose after the bleeding has stopped while still looking forward	30	83,33	6	16,67
7	Encourage the victim to rest quietly and advise not to exhale loudly through the nose.	28	77,78	8	22,22

Based on table 5, shows that of the 36 teachers who performed first aid for epistaxis, some actions were most often not carried out, namely that most (77.78%) did not release pressure on the nose every 10 minutes and more than half (63.89%) did not ask the victim to press the bridge of his nose and asking him to breathe through his mouth. Meanwhile, the actions carried out were by the SOP, namely

that the majority (91.67%) had observed bleeding (nosebleeds) when it had stopped, and the majority (83.33%) had cleaned the area around the nose after the bleeding had stopped.

Table 3. Criteria for teacher ability regarding the description of primary school teachers' first aid to students experiencing epistaxis at MI Manba 'Ul 'Ulum Tulungagaung.

Criteria	Frequency	Percentage (%)
Good	8	22,2
Enough	19	52,8
Not enough	9	25

Based on table 6, shows that more than half of elementary school teachers' first aid to students who experience epistaxis (52.8%) have sufficient abilities less than half (25%) have poor abilities and only a small portion (22.2%) have good abilities.

DISCUSSION

Based on the results of research conducted, it shows that more than half of the teachers' ability to provide first aid for epistaxis (52.8%) is sufficient less than half (25%) has poor ability and a small portion (22.2%) has good ability. These results were obtained from first-aid observations of epistaxis. The results of the study showed that (52.8%) had sufficient ability because in observations it was found that the majority (77.78%) had asked students not to talk, cough, and sneeze when experiencing epistaxis and advised the victim to remain calm and advised them not to exhale through the nose, and more than half (63.89%) had asked the victim to sit with their head down. Less than half (25%) of the teachers were less skilled, this result was obtained from the majority (77.78%) not releasing pressure on the nose every 10 minutes and more than half (63.89%) not asking the victim to press the bridge of the nose and ask for a breath. by mouth. A small percentage (22.2%) of teachers' abilities were said to be good, these results were obtained from observations, where the majority (91.67%) had observed nosebleed bleeding when it had stopped, the majority (83.33%) had also cleaned the area around them. nose.

Teachers should be able to provide first aid because teachers have an important role in preventing serious injuries at school and as the first person responsible at school (7). The role of teachers at school in providing first aid in the event of a child's injury needs to be balanced with the teacher's knowledge in treating injuries. Knowledge of the appropriate methods and techniques for administering first aid will determine the results of the assistance provided (8). Epistaxis can appear suddenly in everyday life, therefore, it is important to understand how to treat it. There are three main principles in treating epistaxis, namely stopping bleeding, preventing complications, and avoiding recurrence of epistaxis, while ensuring that the body's blood flow remains good (9). Epistaxis can be managed effectively at school with simple actions such as applying pressure to the nose and positioning the head tilted forward or slightly lowered (10). Hemostasis (bleeding control) means treating bleeding, starting

with direct pressure on the nose for 5-30 minutes and evaluating every 5-10 minutes whether the bleeding has stopped or not. Epistaxis can be a bothersome condition and in some cases can be dangerous. It is important to stop epistaxis bleeding as quickly as possible to prevent blood loss reduce discomfort and reduce the risk of infection. The importance of observation in first aid for epistaxis is to reduce the risk of more blood loss, and discomfort in epistaxis sufferers, reduce the risk of infection, prevent anxiety, and prevent recurrence (11). After the bleeding has been controlled, the victim remains bent forward, and cleaned around the mouth and the victim's nose with warm water (12).

According to researchers, more than half of the teachers' ability to provide epistaxis first aid to students at MI Manba 'Ul 'Ulum Tulungagung is sufficient. Factors that influence teachers' ability to provide first aid due to lack of knowledge related to treating epistaxis were proven after filling out the questionnaire, it was found that the majority (83%) of teachers knew the actions taken to stop epistaxis, but the actions taken were not appropriate, such as raising the head (17%), immediately gagged with tissue (5%), betel leaf gagged (42%), not allowed to squeeze nose (5%). Only (3%) of the teachers (83%) provided appropriate assistance, while (17%) teachers did not know about epistaxis assistance.

The results of observations and filling out questionnaires found that many teachers at MI Manba 'Ul 'Ulum Tulungagung had not carried out appropriate first aid measures as evidenced by the fact that there was still a discrepancy between knowledge, experience, and application of epistaxis first aid measures. Researchers found that teachers still used the old and traditional method by raising their heads and immediately blocking the bleeding with betel leaves and tissue. This action still violates the correct procedure according to the epistaxis first aid SOP.

In this study, it was found that more than half (52.8%) had sufficient abilities and only a small portion (22.2%) had good abilities. This requires special attention because first aid for epistaxis is a very important skill for teachers in elementary schools. Children are susceptible to epistaxis, and the ability of teachers to deal with these cases quickly and effectively can make a big difference in pupils' well-being, highlighting the importance of a holistic approach to health education in primary schools. Apart from teaching academic subjects, teachers must also pay attention to students' physical and emotional well-being, including knowledge of first aid measures in emergencies.

CONCLUSION

Based on the research results, it can be concluded that the level of first aid for elementary school teachers to students who experience epistaxis at MI Manba 'Ul 'Ulum Tulungagaung is more than half (52.8%) has sufficient ability and less than half (25%) has less ability and only a small portion (22.2%) had good abilities. With actions that were not carried out by the SOP, the majority (77.78%) did not release pressure on the nose every 10 minutes and more than half (63.89%) did not ask the victim to press the bridge of the nose and asked to breathe through the mouth and the actions that had been carried

out. By the SOP, the majority (91.67%) had observed bleeding (nosebleeds) when it had stopped and the majority (83.33%) had cleaned the area around the nose after the bleeding had stopped.

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