

Basic Life Support Training for Autonomous Organizations (Ortom) Muhammadiyah

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ABSTRACT

Emergency events certainly cannot be predicted, whenever and wherever someone can experience it, the event requires immediate help. Delays in handling can result in physical disability or even death. This condition requires proper and immediate emergency treatment, so that first aid in victims / patients can be done optimally. The role of the community in first aid to health problems has been widely felt and in general who find the first time emergency patients at the scene is a community known as "lay people", so they are the ones who often provide first aid to patients before by competent health workers. This condition becomes a shared responsibility, especially Muhammadiyah Regional Leader (PDM) and Colleges as organization that pay attention to health services and to the community. The solution offered is the implementation of basic life support training. The activity was held on November 24, 2021 with the target of Muhammadiyah Autonomous Organization (ortom) in Tasikmalaya City. The implementation of activities carried out by lecturers and students is assisted by PDM Tasikmalaya City.

Keywords: Basic Life Support, Ortom, Muhammadiyah

INTRODUCTION

Emergency events certainly cannot be predicted, whenever and wherever someone can experience it, the event requires immediate help. Delays in handling can result in physical disability or even death. Many things can cause emergency events, including accidents, anarchist actions that endanger others, fires, diseases and natural disasters that occur in Indonesia. This condition requires proper and immediate emergency treatment, so that first aid in victims / patients can be done optimally (Ida Rosidawati, 2020).

Emergency conditions include heart attacks. World Health Organization (WHO) data states that heart attacks are still the number one killer in developed and developing countries by accounting for 60% of all deaths (Dahlan S, 2014). In 2015, approximately 350,000 adult individuals in the United States experienced non-traumatic out-of-hospital (OHCA) cardiac arrest and were treated by emergency medical services (EMS) personnel. Despite the recent increase, less than 40% of adult individuals received CPR started by the individual, and less than 12% applied an automated external defibrillator (AED) prior to the arrival of EMS. After significant improvement, survival after experiencing OHCA has stabilized since 2012 (American Heart Association, 2020).

In West Java, the number of coronary heart disease sufferers based on doctors' diagnosis in 2013, as many as 160 thousand people or 0.5%, and this is the largest in Indonesia and the cause of cardiac arrest. Cardiac arrest is a case of emergency that must get immediate treatment from either medics or the general public who have been trained. One treatment that should be given immediately is basic life support with pulmonary cardiac resuscitation (RJP). Handling late or inappropriate heart arrest will be fatal, namely death in a matter of minutes so that education and training on basic life support is important given to the lay community as a first helper (Sukma I M W, Made, 2016).

(American Heart Association, 2020) affirms that first aid can be done by anyone, under any circumstances. Frame (2003) in (Dahlan S, 2014) mentions that basic life support can be taught to anyone, both an adult and a child in his capacity, especially for workers related to providing safety assistance. The role of the community in first aid, especially basic life support has been

widely felt and in general who find the first time patients with emergency staff at the scene is a community known as "lay people", so they are the ones who often provide first aid to patients before by competent health workers. Ortom groups are seen as particularly suitable for health counselling media on the basis of holistic nursing principles including physical, psychic and spiritual health and the increasing responsibility of religious organizations towards religious communities.

Based on the analysis of the situation described above, the main problem in society is the lack of knowledge about first aid, especially basic life support. This is also a problem for partners because Muhammadiyah regional leadership which is one of Muhammadiyah autonomous organizations that pays attention to health services. But it has limitations on human resources, tools and knowledge. Therefore, cadres must be formed from the Regional Leader of Muhammadiyah Kota Tasikmalaya who can help move other ortoms through training. The aim of the program is to improve ortom knowledge and skills in performing basic life support to reduce the death rate that occurs due to delays in performing first aid victims in the field.

METHOD OF IMPLEMENTATION

This method of implementation is the participatory learning and action (PLA) method. The PLA method is more comprehensive with the stages of team formation, activity planning, implementation and monitoring and evaluation of Chambers (2001) in (Trapsilowati W, Juwono S M, 2015). The Training itself took place at Muhammadiyah University Tasikmalaya or in accordance with the agreement with the partner. Ortom Muhammadiyah Kota Tasikmalaya in consists of Aisiyyah, Muhammadiyah Youth, Nasyyatul Aisiyyah, Student Association, Muhammadiyah Student Association, Muhammadiyah Son Sacred Site and Hizbul Wathan. The main material in this training is basic life support in both the material and the practice.

The partner in this activity is the head of Muhammadiyah Kota Tasikmalaya. Efforts made by the proposing team so that partners and ortoms have awareness of the decrease in pre-hospital mortality so that they are willing to provide this information as much as possible and perform first aid to victims in need, this training is carried out using psp principles (knowledge, attitude, practice). The principle of learning that emphasizes the transfer of science begins with the transfer of knowledge, changes in perception or attitude and adopt through practice. Through these stages it is expected that the science and technology transfer process provided can be sustainable, becoming a habit carried out by partners and partners can share their abilities with other communities.

The activity is carried out by starting with coordinating licensing and team formation and setting implementation times, and then the team makes a guidebook on basic life assistance for the lay community, an evaluation instrument in the form of an online questionnaire. Next we make the loan and purchase of tools and materials to be used. When the activity is carried out first with the opening activities; the implementation of pre-tests providing material about basic life assistance for the lay community, and then conducting a simulation of basic life support practices. Furthermore, participants were given the opportunity to try to practice independently, participants in the section became 4 small groups, after all participants tried to end with the implementation of post test to assess whether there was an increase in knowledge after being given training.

The results of community service include data on the characteristics of participants (gender, age, level of education, occupation and type of ortom) and the level of knowledge of participants after participating in training are as follows:

1. Characteristics of participants based on gender

The characteristics of basic life-aid trainees based on gender are as follows:

Table 1. The Character of Participant

No	Gender	Amount	Percentages (%)
1.	Men	20	57,1
2.	Women	15	42,9
	SUM	35	100

Based on the table, the characteristics of basic life support trainees based on gender consisted of 20 men (57.1%) and women as many as 15 people (42.9%).

2. Characteristics of participants based on age

The characteristics of basic life support trainees based on age are as follows:

Table 2. Characteristics of participants based on age

No	Age (Years Old)	Amount	Percentages (%)
1.	Late Teens (17-25)	12	34,3
2.	Early Adulthood (26-35)	6	17,2
3.	Late Adult (36-45)	8	22,8
4.	Early Elderly (46-55)	7	20,0
5.	Late Elderly (56-65)	2	5,7
	SUM	35	100

Based on the table, the characteristics of basic life support trainees based on age consists of Late Adolescents (17-25) as many as 12 people (34.3%), Early Adults (26-35) as many as 6 people (17.2%), Late Adults (36-45) as many as 8 people (22.8%), and Early Seniors (46-55) as many as 7 people (20%).

3. Characteristics of participants based on education level

The characteristics of basic life support trainees based on education level are as follows

Table 3. Characteristics of participants based on education level

No	Level of Education	Amount	Percentage (%)
1.	High school	15	42,9
2.	Diploma 3 (D3)	1	2,9
3.	Bachelors (S1)	18	51,3
4.	Magister (S2)	1	2,9
	SUM	35	100

Based on the table, the characteristics of basic life assistance trainees based on education level consist of high school as many as 15 people (42.9%), Diploma 3 (D3) as many as 1 person (2.9%), Bachelor (S1) as many as 18 people (51.3%), and Magister (S2) as many as one person (2.9%).

4. Characteristics of participants based on occupations

The characteristics of basic life support trainees based on work are as follows:

Table 4. Characteristics of participants based on occupations

No	Occupation	Amount	Percentage (%)
1.	Civil Servant	9	25,7
2.	Self Employed	7	20
3.	Students	11	31,4
4.	House Wives	8	22,9
	Sum	35	100

Based on the table, the characteristics of basic life assistance trainees based on work consist of civil servants as many as 9 people (25.7%), self-employed as many as 7 people (20%), students as many as 11 people (31.4%), and housewives (IRT) as many as 8 people (22.9%).

5. Characteristics of participants based on ortom type

The characteristics of basic life support trainees based on the type of ortom are as follows:

Table 5. Characteristics of participants based on ortom type

No	Types of Ortom	Amount	Percentage (%)
1.	Aisyiyah	5	14,3
2.	Pemuda Muhammadiyah	5	14,3

3.	Nasyiatul Aisyiyah	5	14,3
4.	Ikatan Pelajar Mahasiswa	5	14,3
5.	Ikatan Mahasiswa Muhammadiyah	5	14,3
6.	Tapak Suci Putra Muhammadiyah	5	14,3
7.	Hizbul Wathan	5	14,2
	SUM	35	100

Based on the table, the characteristics of basic life support trainees based on the type of ortom each ortom send a delegation of 5 people (14.3%).

6. Participant's Level of Knowledge of basic life support.

Table 6. Participant's Level of Knowledge of basic life support

No	Average Level of Knowledge	Average Level of Knowledge	Average Increase
1.	4,1	8,6	4,5

Based on the table, participants' knowledge levels basic of life support before training averaged; 4.1 and after training averaged 8.6, bringing the average increase to 4.5.

Knowledge is information that is generally learned to be known. Improvement is very important given before an action is taken even though knowledge does not always cause behavioural changes. Behaviour based on knowledge will usually last longer than those without knowledge. The high or low knowledge of a person is influenced by several factors, among others: age, education, experience and information (Notoatmodjo S, 2012). With the holding of this training is an effort to improve the knowledge and skills of participants, especially in terms of providing basic life support as first aid carried out before the victim is brought to the health service.

CONCLUSIONS AND SUGGESTIONS

The implementation of community service carried out went well and smoothly. The program implemented is basic life support training in the form of material and practice delivery. Based on the activities that have been carried out by lecturers and students, it is expected that partner cooperation with muhammadiyah regional leaders of Tasikmalaya city can continue as part of the community. And this community service activity can continue to be continued to be moved to other programs.

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