

**A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF
VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SELECTED
FIRST AID MEASURES AMONG PRIMARY TEACHERS WORKING AT SELECTED
SCHOOLS, IN PUDUKKOTTAI**

BY

S.VALLIKKANNU



**A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R
MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILLMENT OF
THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN
NURSING**

OCTOBER 2019

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CERTIFICATE

Certified that this is the bonafide work of **Ms.S.VALLIKKANNU**, Karpaga Vinayaga College of Nursing, Pudukkottai submitted in partial fulfillment of the requirement for the degree of Master of Science in Nursing under The Tamil Nadu Dr.M.G.R. Medical University, Chennai.

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EXAMINERS:

1.

2.

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Prof. Mrs. S.Sumithra M.Sc(N),M.Sc(Y),Ph.D.,
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TO WHOMEVER IT MAY CONCERN

This is to certify that the Ethical committee of Karpaga Vinayaga College of Nursing has discussed with its member regarding the topic **“A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SELECTED FIRST AID MEASURES AMONG PRIMARY TEACHERS WORKING AT SELECTED SCHOOLS, IN PUDUKKOTTAI”** during the year 2018-2019 adopted by **Ms.S.VALLIKKANNU** and its implications on study subject for her thesis for M.Sc Nursing programme and the committee passed clearance for the same topic for her to pursue.

ETHICAL COMMITTEE

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ABSTRACT

First aid is the first and immediate assistance given to any person suffering from either a minor or serious illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available, such as performing cardiopulmonary resuscitation (CPR) while waiting for an ambulance, as well as the complete treatment of minor conditions, such as applying a plaster to a cut. First aid is generally performed by someone with basic medical training. First aid is the important life skill that helps to reduce the fatalities and enables the faster treatment for injuries. Many accidents occur in schools ranging from minor scrapes and wound to fracture which need a initial medical response. Safety of students is prime concern of Teachers, Parents and Community. Among the safety measures first aid is of prime importance. Teachers are the second Parents to the school children's. They definitely have an important part in the protection of the health and safety of school children. However this role can only be properly attained if teachers are prepared with the needed skills on first aid. Therefore proper in service training on first aid among teachers are essential to protect the child and their by safe their lives.

STATEMENT OF THE PROBLEM:

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OBJECTIVES

- To assess the pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental and control group.
- To evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers in experimental group.
- To find out the association between post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group.

Conceptual framework : General system theory Ludwig von Bertalanffy(1968)

Research design : Quasi experimental, Non – Randomized control group design.

E O1 X O2

C O1 - O2

Population : The target population for this study was Primary teachers.

Sample size : 60 samples with primary teachers, 30 in experimental group and 30 in control group.

Sampling technique : Non probability – purposive sampling technique.

Setting : Karpaga Vinayaga Higher secondary School and M.R.M Higher secondary school at Pudukkottai.

Tool	:	Demographic variables and structured interview Questionnaire regarding selected first aid measures.
Data collection	:	Quasi experimental, Non – randomized control group design was used. The duration of data collection was 6 weeks, on 1 st day pre test level of knowledge regarding selected first aid measures was assessed among primary teachers and video assisted teaching was given. On 7 th day post test was done.
Data analysis	:	Descriptive statistics (Frequency, Percentage, Mean, Standard Deviation), and inferential statistics (Paired “t” test, unpaired “t” test, and chi – square) were used.

MAJOR FINDINGS OF THE STUDY:

- The mean post test knowledge score regarding selected first aid measures was significantly higher than that of mean pretest knowledge score among primary teachers in experimental group.
- There was a significant difference between pretest and post test knowledge regarding selected first aid measures among primary teachers in experimental group.
- There was a significant association between post test level of knowledge regarding selected first aid measures with the selected demographic variables in experimental group.

CONCLUSION:

- The video assisted teaching was more effective in increasing the knowledge regarding selected first aid measures among primary teachers.

CHAPTER- I

INTRODUCTION

“Children are the wealth of tomorrow.

Take care of them if your wish to have a strong India

Ever ready to meet various challenges”.

-Jawaharlal Nehru.

BACKGROUND OF THE STUDY

The world has become an uncertain and a risky place. Accidents and risk have become an inherent part of our life. Occurrence of accidents is not casual, it is only become of hast, ignorance, carelessness, childhood and old age, forgetfulness and unusual courage. We have to think about the accidents and should make us capable for taking immediate action. Making better choice to deal with the situations help to save the life, as life is valuable. Safety has become very important in our daily life.

In developed countries, every year serious trauma experiences about 3% of the total population. Trauma affects significantly more male (60%) of the total number of injured 4% of them being permanently disabled and 1.5% die. It is important to note that death and disability due to trauma affecting mostly young adult segment of the population people aged 1-45.

First aid is the important life skill that helps to reduce the fatalities and enables the faster treatment for injuries. It also important role play in providing staff and public with a sense of purpose and achievement giving them the skills that will potentially save lives. School lives is an important part of children's life, which has a direct impact on their physical and mental health.

Many accidents occur in schools ranging from minor scrapes and wounds to fractures and other health problems that require a swift initial medical response. In schools, accidents happens in school premises, near by the road of the schools. In addition to that school students have to face injuries, fracture, fainting like situations which will be problematic to themselves and others, that is why the parents are more worried about the safety of their children.

Safety of students is prime concern of teachers, parents, community. Every school has legal responsibility to take care of each and every member of the school. Among the safety measures first aid is of prime importance. Teaching first aid and basic life support should be compulsory in all schools among teachers and student. Because knowledge of first aid benefits the individuals themselves regardless of whether an emergency affects them directly.

Teacher's definitely have an important part in the protection of the health and safety of school children. However this role can only be properly attained if teachers are prepared with needed skills. Therefore proper in-service training for teachers are child protection is of major importance.

Knowledge of first aid promotes the sense of safety and well being amongst people. Having an awareness and desire to be accident free keeps for more safe and reduces the number of casualties and accidents.

SIGNIFICANT AND NEED FOR THE STUDY:

Many of you might have heard the accidents and emergency situations in television and movies which have taken place anywhere in the world, when we see in the real life, each individuals reaction and response to the emergency or accident scene is different. Some may be confident enough to save the life by using the available services or resources. Some may be in panic and behave strangely in the emergency situation.

Children are vulnerable to injuries and accidents. Which may vary from minor injuries to severe accidents resulting in bleeding and fractures. Thus the first aid management becomes a important as taking a child to the medical facility. Children spend most of their day time in schools, and are at greater risk of accidents and injuries due to involvement in sports and other extracurricular activities and have require first aid more often than adults. Overall majority of the injuries among children are directly related to out door physical activities of which 25 % of injuries occur during school hours.

India accounts for more than 26 million birth every year. It also accounts for more than 15 % of child mortality worldwide. In India the prevalence of injuries in children younger than 14 year was 23% in the last 1 year and the prevalence of injuries is 15.2% among infant, 24.5% in 1-4 year age group and 23.7% in 5-14 years of age group.

Thomas 2015 Stated that home, school and community are they biggest threats to child's wealth. So these places must be safest for the children. First aid measures are the greatest way to save the children under some health problems and injuries because the future development of our children depends on their adoring good health today. The leading causes of death from injuries for each age group to sex presented mortality rate of drowning in male 0.9(2) and female 0.9(2). In a research study a total of 2029 cases of injury were recorded. Among the reported cases 30% cases belonged to the age group of 0-14 years, 42% were injured at home 35% on road, 8% on farms and 6% on play grounds, Majority 35% of injuries were due to falls. 80% of injuries were minor, 18% were moderate or serious and none were severe, only one child had critical injury. All the injuries were accidental and 68.2% of injuries occurred at home followed by those in school. International journal lacer reported that about 81 districts in India accounted for more than one third of child mortality in 2012. Injuries are reported as the most common causes of mortality in children and account for considerable childhood morbidity.

B.Muneeswari 2014 stated that almost 40% Indian population are below 15 years of age and in the Tamil Nadu the total population of children is 62,405,679. Every parents of a child knows that it is hard enough to keep their child safe at home but when child goes off to school there is a whole new set up of challenges. Parents totally entrust their children to the schools. They rely on the teachers as their second parents in the institute for learning. They know the fact that their educator will want no harm to come their way while they are busy working , they fully believe that their children are well cared for on the other hand, the teachers have the responsibility to keep an eyes, on their students.

“Life is worthy” if better, preventive measures are taken, we can save a life. Safety is a mission of schools. Proper safety measures not only make school safer but benefits the surrounding communities also. First aid is a life skill that reduces life risks through faster treatment. A majority of children have much close contact with teacher in the schools than health team members. School teachers have a pivotal role in dissemination of knowledge and development of positive attitude towards any diseases among school children. They are the best resource for implementing school health program. They can play a key role in first aid management of accidental injury and threats among school children. They have to be equipped with the knowledge and skills first aid, especially the primary teachers need of great education on first aid measures to safe guard the children. Teaching program on first aid can be effective in reducing injury and protecting the school children from major consequences. Based on the literature review and the researcher’s experience, it was felt that knowledge on first aid contributes a major role in the prevention of accident among school children. Hence this study was designed to assess and improve the knowledge of the primary teachers regarding first aid in selected conditions.

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OBJECTIVES

- To assess the pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental and control group.
- To evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers in experimental group.
- To find out the association between post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group.

HYPOTHESES OF THE STUDY:

- H₁** : There will be a significant difference in the level of knowledge regarding selected first aid measures among primary teachers in the experimental group
- H₂** : There will be a significant association between the post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group

OPERATIONAL DEFINITION:

EVALUATE:

In this study evaluate refers to the estimation of outcome of video assisted teaching regarding the knowledge about selected first aid measures.

EFFECTIVENESS:

In this study effectiveness refers to the desired result or effect after implementation of video assisted teaching on knowledge regarding selected first aid measures among primary teachers.

VIDEO ASSISTED TEACHING:

In this study video assisted teaching refers to the teaching given to the primary teachers regarding selected first aid measures with the help of video clippings.

KNOWLEDGE:

In this study knowledge refers to the responses given by the primary teachers regarding selected first aid measures as measured by structured knowledge questionnaire.

SELECTED FIRST AID MEASURES:

In this study selected first aid measures refers to the immediate treatment (or) measures given for a person who had injury, wound, nasal bleeding, dog bite, drowning, seizure and presence of foreign bodies in eye, ear, nose.

PRIMARY TEACHERS:

In this study primary teachers refers to teachers who are handling the students studying from 1st to 5th standard.

ASSUMPTIONS:

1. Primary school teachers may have some knowledge regarding selected first aid measures.
2. Video assisted teaching programme will enhance the knowledge of primary teachers regarding selected first aid measures.
3. The first aid teaching given to the primary teachers may enhance their skills in providing first aid to the school children as when required.

DELIMITATION:

This study is limited to,

- Primary teachers.
- Selected first aid measures only.
- 60 samples only.
- 6 weeks of data collection.

PROJECTED OUTCOME:

- The study will enable to identify the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers
- The finding of the study will help the researcher to motivate and improve the level of knowledge among primary teachers.

CHAPTER – II

REVIEW OF LITERATURE

It is a critical summary of research on a topic of interest, often prepared to put a research problem in content or a the basic for an implementation of project.

- **Polit and Hungler.**

Literature review for the present study has been collected and presented under the following headings.

- Literature related to first aid
- Literature related to selected first aid measures
- Literature related to injuries among school children.
- Literature related to video assisted teaching on knowledge regarding selected first aid measures among primary teachers.

I.LITERATURE RELATED TO FIRST AID:

Swapna Naskar (2016) stated that first aid is the provision of initial care for an illness or injury. It is usually performed by a lay person to a sick or an injured casualty until definitive medical treatment can be accessed. The aim of first aid are preserve life, prevent further harm, promote recovery and training. Many development in first aid and many other medical techniques have been driven by wars. Today, there are several groups that promote first aid such as military and the scouting movement. New techniques and equipment have helped to make today's first aid simple and effective.

St. John ambulance stated that first aid was first coined in 1878 as civilian ambulance services spread as a combination of “first aid” and “national aid”. The principles of first aid are acting quickly but with a stable mind, taking care of patient in a proper way after knowing the details, Always keep near to the patient working honestly, try to know the cause of the injury or diseases and prevent the situation from worsening. First aid training is an important community survival skill, which is necessary for all individual because the injuries and accidents have become the major epidemic of Non- communicable diseases in India. The first aider should be calm and confident, reassure the casualty, remember ABC of first aid and arrange for safe transportation to hospital.

Farhan Muhammed Qureshi et al.. (2018) conducted a study regarding first aid facilities in the school settings and assessment of teacher on first aid training. A cross sectional study was conducted among full time school teacher of both public and private sectors at both primary and secondary levels, having a minimum of one year experience. Questionnaire was filled on one to one basis by taking oral interview. The results revealed that out of 209 teachers,72.7% were from private sector. Stomachache was the most common medical incident (82.29%) requiring first-aid care in schools. First aid box was available in all schools but its contents were not satisfactory. Sick boy was not found in any school. 68.42% of teachers were not trained in first aid management because of lack of opportunity, however 56% were willing to enroll in any first aid training and majority (91.38%) considered it essential for their professional life. This study concluded that the first aid facilities at various schools of Karachi and availability of trained teachers who can provide first aid care is unsatisfactory. Hence training among teacher regarding first aid is very essential to reduce the mortality and morbidity rate among school children.

Rakhi pandey et al...(2017) Conducted a study to assess the first-aid knowledge among health assigned teachers of primary schools. A total of 40 teachers were participated in the study. Data was collected using a purposive sampling techniques. The study results revealed that the majority of health assign teachers were having average knowledge about first-aid 29(72.5%), 10(25%) were having good knowledge and 1(2.5%) was having poor knowledge regarding first aid. The study concluded that the health assigned teachers need to be equipped with appropriate and upgraded knowledge on first aid.

Mohammad Qtait et al...(2017) conducted a cross sectional study on general knowledge and attitude of first-aid among school teachers in Palestine, southern of Hebron. Simple random sampling technique was used to select the schools and 150 school teachers were selected from schools by using convenience sampling. A self-administered survey was distributed to a proportionate sample of 150 school teachers to assess the knowledge of first-aid. The study revealed that level of the school teacher's knowledge of first-aid concerning external bleeding and fractures and trauma, dealing with epilepsy, diabetes and burn is high, the knowledge of CPR is medium. The study concluded that there is a need more training in first aid measures among school teachers to protect the children from injury.

Kelle de Lima et al.. (2015) conducted a descriptive study with a qualitative approach to understand the role of teachers facing urgency and emergency situation in school context among teachers in selected elementary and high school in brazell. The empirical material was collected from semi- structured interviews and analyzed. The study evident that teachers have a perception that is very close to the first aid

concepts; however, it is still very restricted to the concept of disease prevention and not the health promotion in the school context. The same study also revealed the importance of maintaining a calm behavior in front of an urgency and emergency situation; however, many teachers do not feel fully prepared to act when facing an accident. Teachers also highlighted the facilities and difficulties in carrying out these actions, emphasizing the access to materials that are required to realize the first aid, however, having these material is not enough, Since the lack of knowledge still prevails as the greatest difficulty, revealing that having the materials is not sufficient and teacher need to know how to use them. It was clear that teachers act in urgency and emergency situation to ensure the student lives; however, it is necessary to have the qualification for this role. The study also revealed that the need to explore strategies in schools aimed to promote specific knowledge regarding first-aid actions for the teacher's. Thus, teacher's will become more confident in the provision of care in avoiding future consequences. Finally the study concluded that a training course or even the inclusion of first aid knowledge in the curriculum of schools is made necessary.

Joseph. N et al.. (2014) conducted a cross sectional study on knowledge regarding first-aid skills among students of a medical college in Mangalore city of south India. Data was collected using a self-administered questionnaire. Based on the scores obtained in each condition requiring first-aid, the overall knowledge was graded as good, moderate and poor. The results revealed that the good knowledge about first-aid was observed in 13.8%, moderate knowledge in 68.4% and poor knowledge in 17.8% of participants. Analysis of knowledge about first-aid management in selected conditions found that 21% had poor knowledge regarding first-aid management for shock and for gastro esophageal reflex disease and 20.4%

for epistaxis and foreign body in eyes. The study concluded that the level of knowledge about first-aid was not good among majority of the students. Hence there is a need for formal first-aid training to be introduced in the medical curriculum.

II.LITERATURE RELATED TO SELECTED FIRST AID MEASURES:

Brain S. Boxer wachler, MD (2017) stated about first aid measures for foreign bodies in eyes. A foreign object in the eye is something that enters the eye from outside the body. It can be anything that does not naturally belong there, from a particle of dust to a metal shard. When a foreign object enters the eye, it will most likely affect the cornea or the conjunctiva. The cornea is a clear dome that covers the front surface of the eye. It serves as a protective covering for the front of the eye. Light enters the eye through the cornea. The conjunctiva is the thin mucous membrane that covers the sclera, or the white of the eye. It also covers the moist area under the eye lids. The most common types of foreign objects in the eyes are, eyelashes, dried mucus, sawdust, dirt, sand, cosmetics, contact lenses, metal particles, glass shards. The symptoms of a foreign object in the eyes are itching, irritations, redness, pain and blurry vision. The treatment of foreign body in eyes are restrict eye movement, bandage the eye using a clean cloth or gauze, and cover the uninjured eye, ask the casualty not to rub the eye, ask him to sit down in a chair facing the right and lean back, ask him to look right left up and down so that every part of the eye can be examined properly. If foreign object is visible wash it with tap water and sterile water.

William.C. Shiel.Jr, (2018) stated about first aid measures for foreign object in the external ear canal. Foreign objects are often placed in the ear by young children or by accident while trying to clean or scratch the ear. This is often on

accompanying external ear infection. The causes of foreign bodies in the ear are voluntarily placed the objects in to the ear by the children, Insect are well known to crawl into the ear, Usually when you are asleep. Sleeping on the floor or outdoors would increases the chance of this unpleasant experience. The symptoms are pain, decreased hearing loss, bleeding and nausea. The treatment of foreign body in ear are removal of an object from the ear can be very difficult and should only be attempted by a trained health care professional. This can usually be done in the clinic or emergency room, but sometimes general anesthesia must be used if the object in lodged too deeply in the ear or the patient is uncooperative. It is important to remember that the most common reason on ear is injured from a foreign object is because of inadvertent damage incurred during the removal of the object.

Alanna Biggers.MD (2017) stated about first aid measures for foreign bodies in nose. Children are naturally curious and often wonder how things work. Usually , they display this curiosity by asking questions, or by exploring the world around them. One of the dangers that can occur as a result of this curiosity is that the child may place foreign object into their mouth, nose, or ears. While often harmless, this can create a choking hazards must put the child in danger of serious injuries or infections. The main causes are by small toys, pieces of eraser, food, dirt, tissue, and button battery. The symptoms of foreign body in nose are nasal drainage and breathing difficulty. The treatment are removing the object with tweezers only use tweezers on large objects. Tweezers may push smaller object farther up the nose. Avoid sticking cotton swabs or fingers into the child's nose. This can also push the object farther into the nose. Stop the child from sniffing. Go to nearest hospital emergency room or doctor's office if you can't remove the object with tweezers. To make the child more comfortable, the doctor may place a topical anesthetic (spray

or drops). The doctor may prescribe antibiotics or nasal drops to treat or prevent an infection.

John Hughling's Jackson(2018) stated about first aid measures of wound. Wound is an break in the continuity of any bodily tissue due to violence, where violence is understood to encompass any action of external agency. The cause are any accidents, falls and surgery. The treatment of first aid for wound are first wash and disinfect the wound to remove all dirt and debris. When wrapping the wound, always use a sterile dressing or bandage. Very minor wounds may heal without a bandage. Apply ice if have bruising or swelling. Close the wound using skin glue, sutures, or stitches.

Kahn (2018) stated about first aid measures for bleeding. Bleeding is the loss of blood escaping from the circulatory system. It arises due to either traumatic injury. Underlying medical conditions or a combination and can occur internally. Where blood leaks from blood vessels inside the body, (or) externally, either through a natural opening such as the mouth, nose, ear, urethra, vagina, or anus, or through a break in the skin. Although the sight of large amount of blood can be alarming and may warrant medical attention, nosebleeds are rarely fatal, accounting for only 4 of the 2.4 million deaths in the U.S in 1999. About 60% of people have a nosebleed at some point in their life. About 10% of nosebleeds are serious. Nosebleeds appear to have a bimodal distribution. The treatment of bleeding are make the casualty to sit down with head well forward and loosen any tight clothing around neck and chest. Advice him to breath through the mouth and to pinch the oft part of nose. Tell him to spit out any swollen blood from the mouth. Released the pressure after 10 mts, if the bleeding has not stopped continue treatment for further

10 mts. Do not allow the casualty to raise the head. Do not plug the nose. When the bleeding stops, tell the casualty to avoid exertion, advice the casualty not to blow the nose for at least four hours.

Galen (2017) stated about first aid measures for dog bite. A dog bite is a bite inflicted upon a person or another animal by a dog. More than one successive bite is often considered as a dog attack. The majority of dog bites do not result in injury, disfigurement, infection or permanent disability, but some can result in serious complications. Significant dog bite affect ten million of people globally each year. Most bite occur in children. Worldwide incidence of dog bite was 17 fatalities per year. In 2000s this incidence has increased to 26. The 77% of dog bites are from the pet of family or friends, and 50% of attacks occur on the dog owner's property. The first aid measures are place a clean towel over the injury to stop any bleeding. Try to keep the injured area elevated. Wash the bite carefully with soap and water. Apply a sterile bandage to the wound. Control bleeding with direct pressure. Use elevation alone with the direct pressure. Seek medical attention because of the danger of infection need for further cleaning. Administer the ARV vaccine as per doctor orders.

Vasily Perov (2017) stated about first aid measures for drowning. Drowning is a common cause of accidental death, especially amongst children and toddlers contrary to popular opinion 90% of deaths from drowning are caused by relatively small amount of water entering the lungs. Interfering with oxygen exchange in the alveoli (wet drowning). Drowning can occur in a little as 30 mm of water environments. Common dangerous locations include pools, rivers, dams, and bathtubs. In 2015, there were an estimated 4.5 million case of unintentional

drowning worldwide. That year there were 324,000 drowning cases, making it the third leading cause of death among children. Drowning accounts for 7% of all injury related deaths, with more than 90% of these deaths occurring in developing countries. Most drowning is preventable. It has been prevented by supervision, training in water skills, technology, regulation and public education. Many pool's and designated bathing areas either have life guards, a pool safety camera system for local or remote monitoring, or computer – aided drowning detection and either intervention or the notification of authorities by phone or alarm.

Peter Paul Rubens (2018) stated about first aid measures for epilepsy. Epilepsy is a group of neurological disorder, characterized by epileptic seizures. Epileptic seizures are episodes that can vary from brief and nearly undetectable periods to long periods of vigorous shaking. These episodes can results in physical injuries, including occasionally broken bones. People with epilepsy maybe treated differently in various areas of the world and experience varying degree of social stigma due to their condition. Seizures are controllable with medication in about 70% of cases. As of 2015, about 39 million people have epilepsy. Nearly 80% of case occur in the developing world. In 2015 it resulted in 125,000 deaths up from 112,000 deaths in 1990. Epilepsy is more common in older people. In the developed world, onset of new cases occur most frequently in babies and the elderly. In the developing world, onset is more common in older children and young adult, due to differences in the frequency of the underlying causes. About 5- 10 % of people will have an unprovoked seizure by the age of 80, and the chance of experiencing a second seizure is between 40 and 50%. In many areas of the world, those with

epilepsy either have restrictions placed on their ability to drive or are not permitted to drive until they are free of seizures for a specific length of time. The word epilepsy is from ancient Greek.

Gamechu Ganfure et al.. (2018) conducted a cross- sectional study to assess the first aid knowledge, attitude, practice and associated factors among kindergarden teachers of Lideta sub-city Addis, Abada, Ethiopia. A total of 194 teachers participated in the study. Data was collected by using structured and self-administered questionnaire. The collected data were calculated by using descriptive and inferential statistical methods. The study result revealed that the kindergarden teachers, had low level of knowledge and positive attitude towards first aid. The study concluded that creating awareness and including first aid courses in the kindergarden teachers curriculum will be beneficial for the teacher and the students.

Navjot kaur et al... (2017) conducted a descriptive study to assess the level of knowledge regarding the first aid management among school teachers in selected schools of district mohali, Punjab. Non – experimental descriptive survey design was used to among health assigned teachers. The data was collected using socio demographic questionnaire and structured knowledge questionnaire from 40 study subject selected by purposive sampling technique to assess the knowledge on first aid. The data collected was analyzed by using inferential statistical methods. The study results revealed that majority of the teachers were having average knowledge about the first aid i.e. 15 % had good scores, 75% had average and 10% had poor scores. The study concluded that there is a at most need of information about first aid measures among school teachers to protect the children from serious illness.

III. LITERATURE RELATED TO INJURIES AMONG SCHOOL CHILDREN:

Qhai (2016) stated that “Accident” denotes a random event that cannot be prevented whereas most “injuries” occur under fairly predictable circumstances to high risk Children and families. The term “injury” promotes awareness, based on which preventive strategies may be adopted. The Burden of the Problem the injury mortality rate was 40/100,000 population during 2000. The mortality rate among children <14 years was 8.2% in India. Injury accounts for the second most common cause of death in the age group 5-14 years(16.2%) in India. Injuries and drowning are the two major cases of “fatal” unintentional injury 21% and 19% injuries. Other being fit and burns and intentional injuries. The circumstances of the “Non fatal” injuries are mainly related to “falls” mostly from bicycles and staircase. The management consists of preventing further injury during transport. Maintenance of vitals, and advanced management of the injury.

The risk factors for injury in children are age, sex, ethnic factors, the child’s environment and the socio economic status of the family. These factors determine the nature and frequency of injuries in childhood period. It is estimated that 98% of all childhood unintentional injuries occur in low and middle income families.

World health organization (2015) stated that Injuries (or accidents) among children, are leading cause of death, who survive beyond their first birthday. Represent a major epidemic of Non-communicable disease throughout the world. As per WHO estimate >10% of those killed due to accident (any type) were children. There are two types unintentional and intentional. In today’s high- tech world, there are dangers for children everywhere, on roads, at home, at school and an play

grounds. Most accidents occur in the age group of 2-5 year mostly in boys. India has one of the highest road traffic accidents in the world. Burn injuries are second only to motor vehicle accidents as the cause of accidental death in children 1-4 years of age.

Steven Schwartz, DDS (2017) stated about dental – alveolar trauma in children is distressing to the child and parents. Most injuries in children are caused by falls and play accidents. Peak incidences in the primary dentition are found at two to three years of age, when the child is developing motor coordination. Up to 50% of physically abused children suffer injuries to the head and neck. Thirty percent of children suffer trauma to the primary dentition and 22% of children suffer trauma to the permanent dentition by age fourteen years. Injuries occur in males in 2:1 margin over girls. The anterior teeth are the most commonly involved. Injuries usually involve a single tooth, except with sporting injuries and motor vehicle accidents.

IV.LITERATURE RELATED TO VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SELECTED FIRST AID MEASURES AMONG PRIMARY TEACHERS.

Ajitha et al.(2018) conducted a study to assess the effectiveness of video teaching programme on first aid for common medical emergencies. A total of 60 sample of adolescent school students were selected for the study. Data was collected from the sample by using knowledge questionnaire regarding first aid. Based on the scores the study results revealed that there was a significant improvement in the mean knowledge. The pre test knowledge score was 23.4 post test knowledge score was 78.2. The study concluded that the level of knowledge among adolescent school

students regarding first aid on medical emergencies was improved after video assisted teaching programme.

Jyothilakshmi.J (2018) conducted a study to assess the effectiveness of video assisted teaching module, regarding first aid measures for foreign body aspiration among primary school children in selected TTC institutes of Kollam district. The objectives of the students were to assist the knowledge regarding first aid measures for foreign body aspiration among primary school children, evaluate the effectiveness of video assisted teaching module regarding foreign body aspiration among primary school children and to find-out the association between pretest knowledge regarding foreign body aspiration among primary school children with the demographic variables. A total 60 sample were selected and the data was collected by using questionnaire. The collected data were calculated by using descriptive and inferential, statistical method. The study result revealed that video assisted teaching module was effective in improving the knowledge of TTC students regarding first aid measures for foreign body aspiration among primary school children. The study concluded that, the school children can create public awareness through the mass media regarding first aid measures of selected conditions.

Jessin Jacob et al.. (2017) conducted a study to assess the effectiveness of video assisted teaching on first aid management among school teacher at selected school in Kanchipuram. A total of 45 school teachers participated in the study. Data was collected using structured questionnaire. The collected data were calculated by using descriptive and inferential statistical methods. The study results revealed that 80% of school teachers had adequate knowledge, 18% had moderately adequate knowledge, and 21% had inadequate knowledge. The study concluded that there was a significant increases in the level of knowledge among school teachers after administering of video teaching programme.

CONCEPTUAL FRAMEWORK:

This study is based on “General system Theory” Given by **LUDWIG VON BERTALANFFY, 1968**. According to general system theory a system is a set of components or units interacting with each other with a boundary that filters the rate of flow of input, throughput and output from the system.

The study was undertaken to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers.

INPUT:

Input consists of information or resources that a group or project receives. Input is the process of taking something in. Input refers to the matter, energy and information from the environment. In this study the environment refers to selected schools, in Pudukkottai. Input refers to collection of demographic variables from the samples such as Age in years, sex, religion, marital status, educational status, type of family, year of experience, awareness about first aid, sources of information about first aid in experimental group and assessment of pretest level of knowledge regarding selected first aid measures.

THROUGH PUT:

Throughput is the rate of production or the rate at which something is processed. In this study through put refers to the matter, energy and information are continuously processed. Throughput the system it is also called complex transformation known as through put process is used for input. In this study refers to

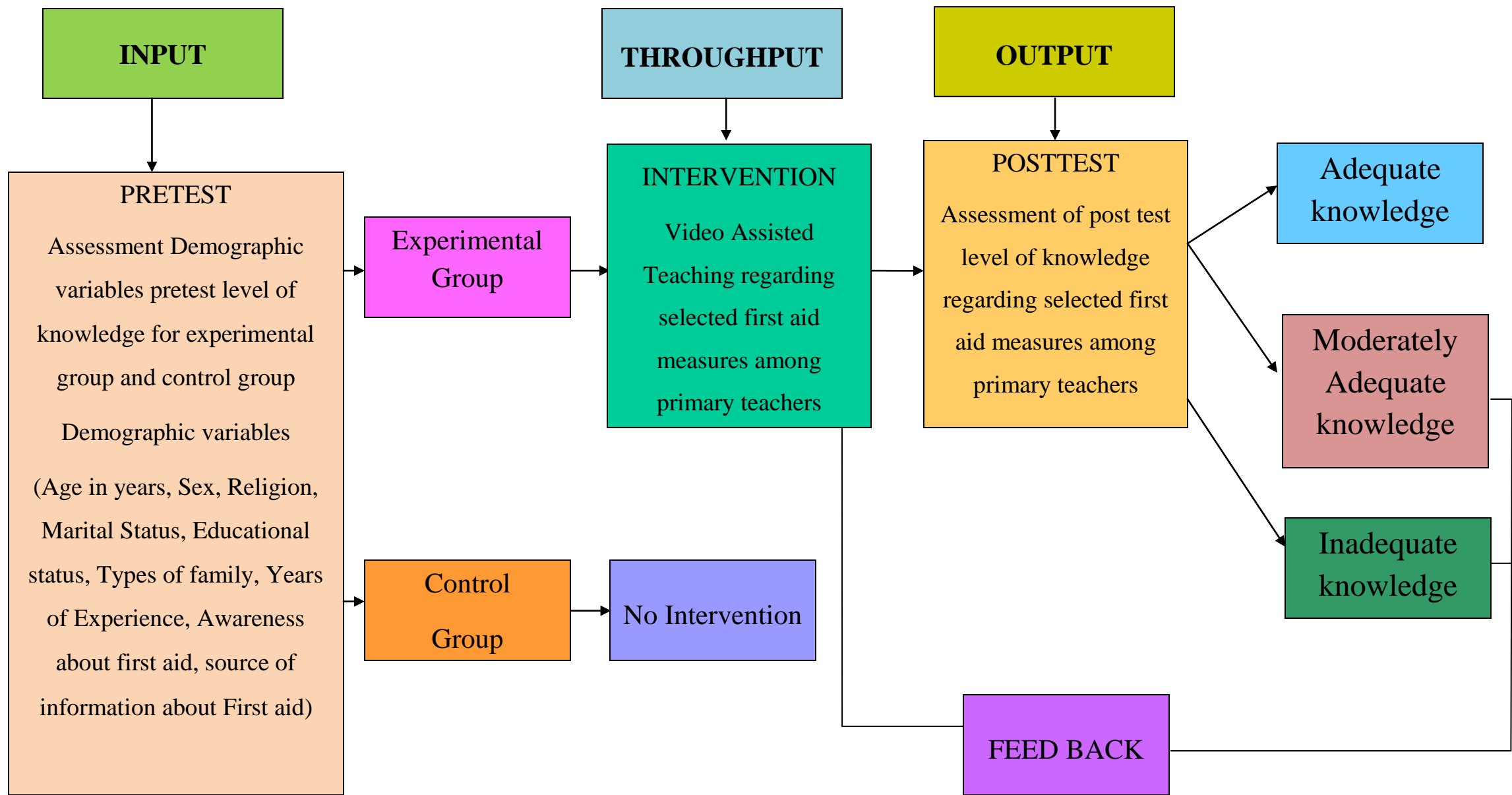
the process of administering video assisted teaching on knowledge regarding selected first aid measures among primary teachers.

OUTPUT:

After processing the input and through put, the system returns to the output matter. In the present study the output refers to post test assessment of level of knowledge regarding selected first aid measures among primary teachers.

FEEDBACK:

Feed beck refers to environmental responses to the system. In this process the effect or output of an action is returned (Feed back) to modify the next action. Feed back may be positive, negative or natural. In this study the input is the existing knowledge which will be assessed using the structured questionnaire, which may be adequate knowledge, moderately adequate knowledge and inadequate knowledge for the primary teachers.



CONCEPTUAL FRAMEWORK BASED ON LUDWIG VON BERTALANFFY (1968)

CHAPTER - III

RESEARCH METHODOLOGY

The methodology of research indicate the general pattern of organizing, the procedure for gathering valid and reliable data for the problem under investigation.

- **Polit and Beck**

This chapter describes the methodology followed to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teacher working at selected schools.

This phase of the study included research approach, design, the setting, population, sample size, sampling technique, inclusive and exclusive criteria for selection of variable, description of tools, validity and reliability of tool, pilot study, procedure of data collection and plan for data analysis.

RESEARCH APPROACH:

A Quantitative approach was adopted by the researcher to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers.

RESEARCH DESIGN:

A Quasi - experimental Non - randomized control group design was used for this study.

SCHEMATIC REPRESENTATION

E : O1 X O2

C : O1 - O2

E : Experimental group

C : Control group

O1 : Assessment of pre test level of knowledge regarding selected first aid measures among primary teachers, in both experimental and control group.

X : Administering the video assisted teaching regarding selected first aid measures among primary teachers in experimental group.

O2 : Assessment of Post test level of knowledge regarding selected first aid measures among primary teachers, in both experimental and control group

VARIABLES

INDEPENDENT VARIABLES

- Video assisted teaching regarding selected first aid measures.

DEPENDENT VARIABLES

- Knowledge regarding selected first aid measures.

SETTINGS

This study was conducted in Karpaga Vinayaga School and M.R.M school, in Pudukkottai, which is situated around 10 kilometers far from Karpaga Vinayaga College of Nursing. The Karpaga Vinayaga higher secondary school has 60 teachers and the M.R.M higher secondary school has 60 teachers. The reason for selecting this schools were the availability of samples and accessibility of samples and expectation of co - operation from the schools authority and teachers for collection of data.

POPULATION:

The population for the study was Primary teachers.

TARGET POPULATION:

The target population of the study was primary teachers.

ACCESSIBLE POPULATION:

The accessible population of the study was primary teachers working at selected schools in Pudukkottai.

SAMPLE

The sample for this study was primary teachers who were working in Karpaga Vinayaga higher secondary school and M.R.M. higher secondary school, pudukkottai.

SAMPLE SIZE

The sample for this study consists of 60 primary teachers. In that 30 samples were in experimental group and 30 samples were in control group.

SAMPLING TECHNIQUE

Non- probability purposive sampling technique was adopted for this study.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:

Teachers who were:

- Taking classes from 1st to 5th standard.
- Working at selected schools.
- Willing to participate in the study.
- Available during the period of data collection.

EXCLUSION CRITERIA:

Teachers who had:

- Physical illness.
- Undergone training in first aid.
- Family members in the health care sector's.

DESCRIPTION OF THE TOOL:

The research tool was developed by the investigator with the guidance of experts. The data collection tool consisted of two sections.

SECTION A – DEMOGRAPHIC VARIABLES:

It consists of selected demographic variables such as age in years, sex, religion, marital status, Educational status, type of family, years of experience, awareness about first aid and sources of information about first aid.

SECTION B – ASSESSMENT OF LEVEL OF KNOWLEDGE:

It consists of structured knowledge questionnaire to assess the level of knowledge regarding selected first aid measures among primary teachers. It consists of 25 multiple choice questions. Each question has three options, out of which one is the correct answer. A score one was given for every correct answer and a zero was given for every wrong answer.

SCORING PROCEDURE

Level of knowledge	score
Adequate knowledge	76- 100 %
Moderately Adequate knowledge	51- 75 %
Inadequate knowledge	0- 50 %

VALIDITY AND RELIABILITY OF THE TOOL:

VALIDITY:

The validity of the tool was established by consultation with guide and three experts in the field of child health nursing, one expert from Medical field, one expert in the field of Bio- statistics. The tool was modified according to suggestion and recommendation given by the experts.

RELIABILITY:

Reliability of an instrument is the degree of consistency measures that attribute it is supposed to be measured. Reliability of the tool was estimated in the study subject by using test- retest method. The test retest was found to be $r = 0.9$, and the tool was found to be highly reliable for this study.

PILOT STUDY:

The pilot study was conducted at Marutham primary school thanjore and Jaihind primary school at vaiyapurippatti, Pudukkottai, for a period of one week. A total 6 sample of primary teachers were selected, 3 samples assigned to experimental group and 3 were assigned to control group. The sample were selected by non probability purposive sampling technique. The tool was administered to both the group. Video assisted teaching was administered to the experimental group. On the 7th day post test was conducted with both the groups. Data analysis was done and the result of the tool was found to be feasible and reliable, the manner in which the main study was done.

METHODS OF DATA COLLECTION

ETHICAL CONSIDERATION:

The dissertation committee prior to the pilot study approved the research study. Permission was obtained from the Principal's of respective schools. The oral consent was obtained from each participant of study before starting data collection. The primary teachers were informed that confidentiality will be maintained throughout the study.

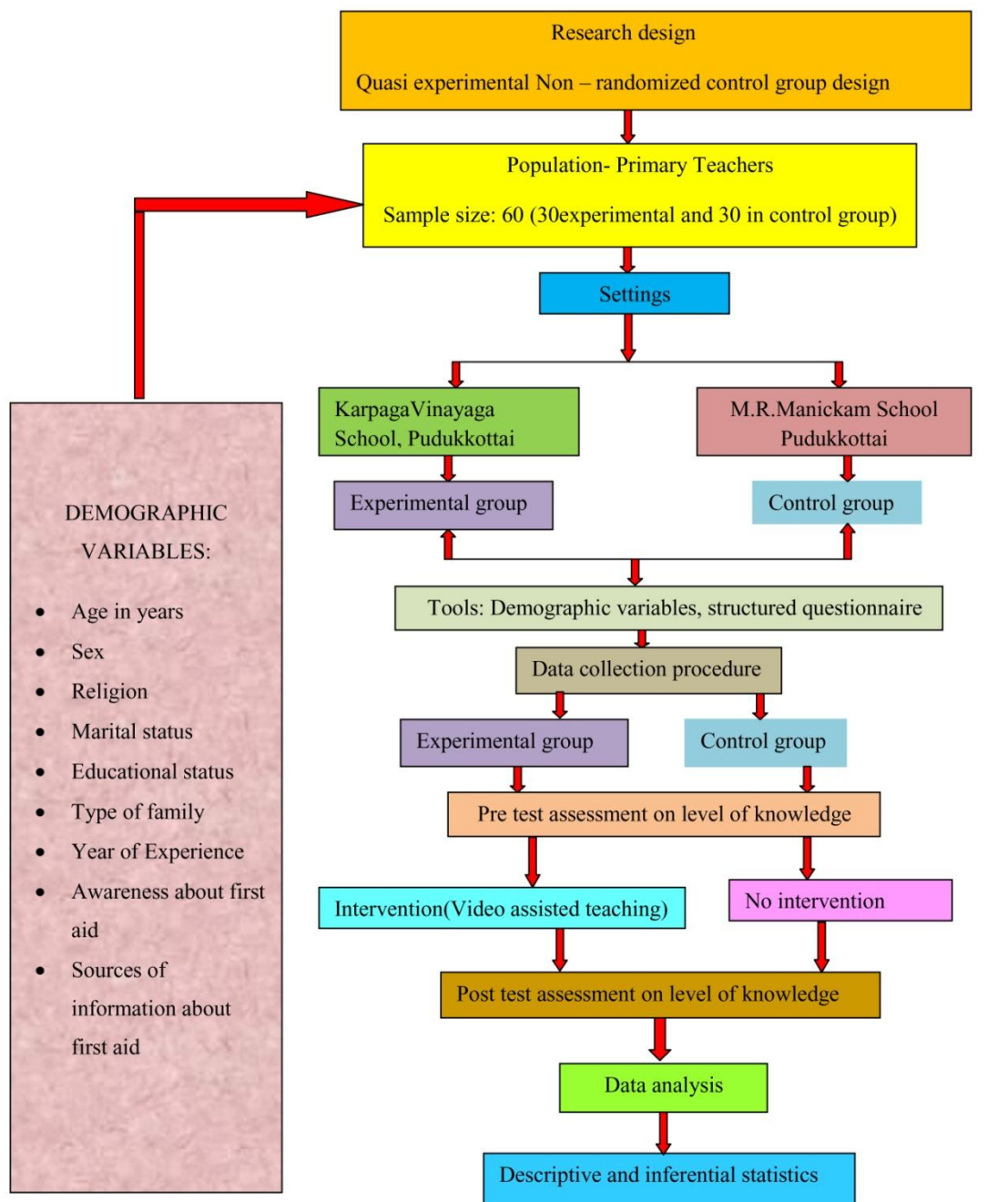
DATA COLLECTION PROCEDURE:

Before starting the study the investigator obtained a formal permission to conduct the research study from the principal of both the settings. The period of data collection was 6 weeks. The total of 60 samples (30 in experimental group and 30 for control group) were selected by Non probability purposive sampling techniques from both settings. The nature and purpose of the study was explained to the primary teachers. Verbal consent was obtained and confidentiality was assured. Pre test was conducted to both the groups. The video assisted teaching on selected first aid measures was administered to the experimental group, and the post test was conducted for both the groups on 7th day.

PLAN FOR DATA ANALYSIS

- The collected data was arranged and tabulated to represent the finding of the study
- Frequency and percentage distribution was used to analyze the demographic variables.

- Mean and standard deviation was used to analyze the level of knowledge.
- Paired “t” test and unpaired “t” test was used to find out the difference between pre test and post test level of knowledge in experimental and control group.
- Chi – square test was used to find out the association between post test level of knowledge with the selected demographic variables in the experimental group.



SCHMATIC REPRESENTATION OF THE RESEARCH METHODOLOGY

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

A analysis is a process of organizing and synthesizing the data in such a way that the research question can be answered and hypothesis tested.

- Pilot and Hungler.

This chapter deals with the description of sample, analysis and interpretation of the data to determine the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers.

The obtained data were classified and analyzed by using descriptive and inferential statistics based on the objectives of the study.

OBJECTIVES:

- To assess the pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental and control group.
- To evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers in experimental group.
- To find out the association between post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group.

ORGANIZATION OF DATA:

- Section A** : Description of demographic variables of the primary teachers in experimental and control group.
- Section B** : Assessment of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental and control group.
- Section C** : comparison of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental and control group
- Section D** : Association of post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group

SECTION A: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF PRIMARY TEACHERS IN EXPERIMENTAL AND CONTROL GROUP.

Table 1: Frequency and percentage distribution of demographic variables of the primary teachers in experimental and control group.

		N=60 (30 + 30)			
S.No	Demographic Variables	Control group (n=30)		Experimental group (n=30)	
		Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
1.	Age (in years)				
	a. 21-25 years	14	46.7	5	16.7
	b. 26-30 years	7	23.3	5	16.7
	c. 31-35 years	6	20	10	33.3
	d. Above 35 years	3	10	10	33.3
2.	Gender				
	a. Male	9	30	2	6.7
	b. Female	21	70	28	93.3
3.	Religion				
	a. Hindu	21	70	23	76.7
	b. Christian	2	6.7	5	16.7
	c. Muslim	6	20	2	6.6
	d. Others	1	3.3	0	0

4.	Marital status				
	a. Married	13	43.3	24	80
	b. Unmarried	14	46.7	6	20
	c. Widow	1	3.3	0	0
	d. Separated	2	6.7	0	0
5.	Educational status				
	a. UG	4	13.3	11	36.6
	b. PG	20	66.7	19	63.3
	c. Montessori training	0	0	0	0
	d. Any others	6	20	0	0
6.	Type of Family				
	a. Nuclear	11	36.7	17	56.7
	b. Joint	19	63.3	13	43.3
7.	Year of Experience				
	a. Below 1 years	7	23.3	6	20
	b. 1-5 years	16	53.3	13	43.3
	c. 6-10 years	7	23.3	11	36.7
	d. Above 10 years	0	0	0	0
8.	Awareness about first aid				
	a. Yes	30	100	30	100
	b. No	0	0	0	0

9	If yes Sources of information about first Aid				
	a. Radio	4	13.3	3	10
	b. TV	11	36.7	15	50
	c. Internet	15	50	12	40

Table : 1 Reveals that in the experimental group, majority of 14 (46.67%) were in the age group of 21 – 25 years; the majority 21 (70%) were females ; majority 21 (70%) were belongs to Hindus; majority 14 (46.67%) were unmarried; majority 20 (66.67%) were PG; majority 19 (63.33%) lives in joint family; majority 16 (53.33%) had 1-5 year of experience; majority 30 (100%) were aware about of first aid; and majority 15 (50%) were aware through internet.

Whereas in the control group majority 10 (33.33%) were in the age group of 31-35 years and above 35 year respectively; majority 28 (93.33%) were females ; majority 23 (76.67%) belongs to Hindus, majority 24 (80%) were unmarried; majority 19 (63.33%) were PG; majority 17 (56.67%) lives in joint family; majority 13 (43.3%) had 1-5 year of experience; and majority 30 (100%) were aware about first aid; and majority 15 (50%) were aware through TV.

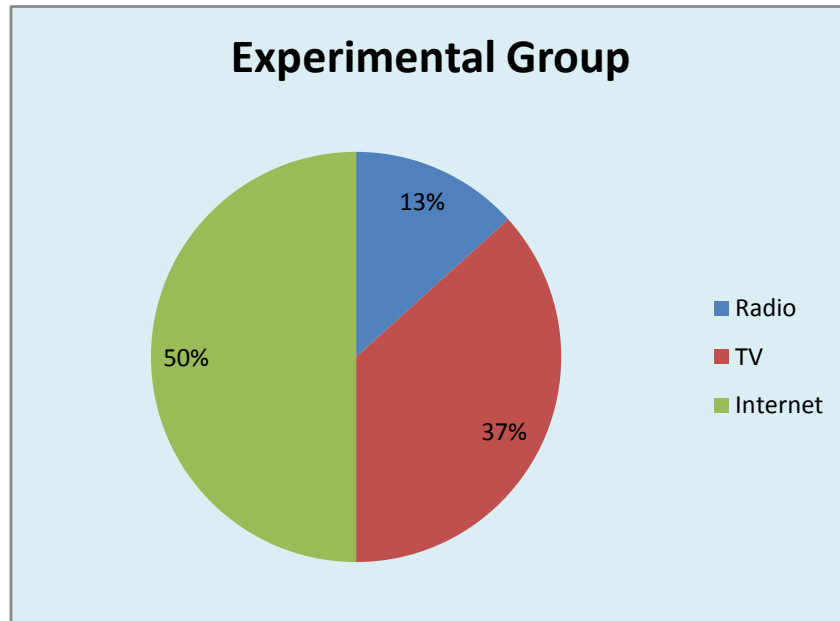


Figure 3: Percentage distribution of source of information among primary teachers in the experimental group

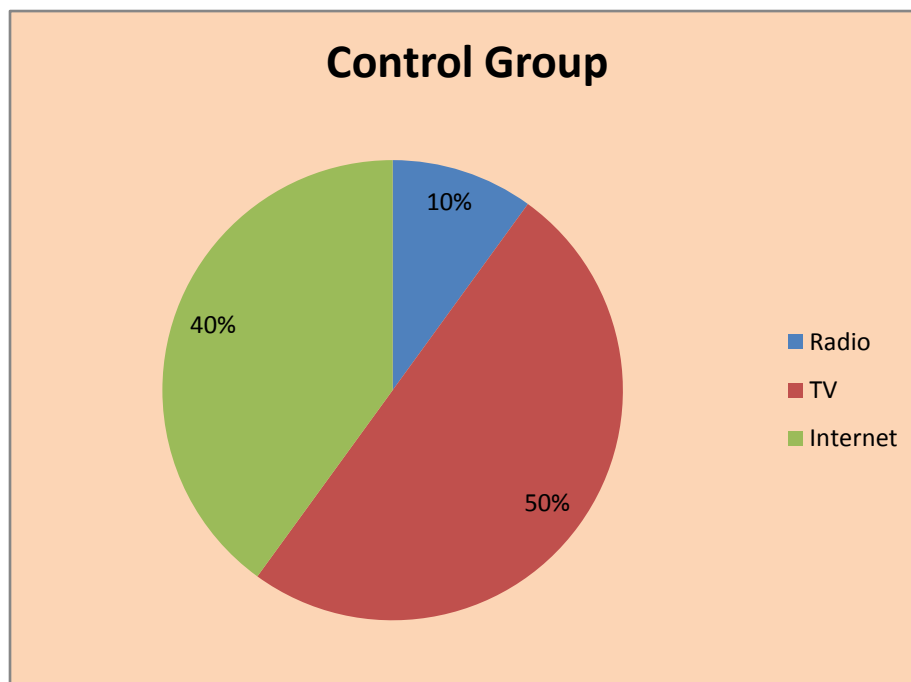


Figure 4: Percentage distribution of source of information among primary teachers in the control group

SECTION B: ASSESSMENT OF PRE TEST AND POST TEST LEVEL OF KNOWLEDGE REGARDING SELECTED FIRST AID MEASURES AMONG PRIMARY TEACHERS IN EXPERIMENTAL AND CONTROL GROUP.

Table: 2 Frequency and percentage distribution of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in the experimental group. n = 30

Level of knowledge	Inadequate Knowledge (0-50%)		Moderately Adequate Knowledge (51-75%)		Adequate Knowledge (76-100%)	
	n	%	n	%	n	%
Pretest	11	36.67	18	60.0	1	3.33
Posttest	0	0	3	10.0	27	90.0

Table: 2 Reveals the percentage distribution of pre test and post test level of knowledge in the experimental group.

The analysis of pretest level of knowledge among primary teachers in experimental group revealed that majority 18 (60%) had moderately adequate knowledge, 11 (36.67%) had inadequate knowledge, and 1 (3.33%) had adequate knowledge.

Whereas in posttest the level of knowledge regarding selected first aid measures among primary teachers in experimental group revealed that majority 27 (90%) had adequate knowledge, 3 (10%) had moderately adequate knowledge and none of them had inadequate knowledge.

Table: 3 Frequency and percentage distribution of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in the control group. **n = 30**

Level of knowledge	Inadequate Knowledge (0-50%)		Moderately Adequate Knowledge (51-75%)		Adequate Knowledge (76-100%)	
	n	%	n	%	n	%
Pretest	11	36.67	19	63.3	0	Nil
Posttest	14	46.67	16	53.3	0	Nil

Table : 3 Reveals the percentage distribution of pre test and post test level of knowledge in the control group.

The analysis of pretest level of knowledge among primary teachers in control group revealed that majority 19 (63.33%) had moderately adequate knowledge, 11 (36.67%) inadequate knowledge, and none of them had adequate knowledge.

Whereas in posttest the level of knowledge regarding selected first aid measures among primary teachers in control group revealed that majority 16 (53.33%) had moderately adequate knowledge, 14 (46.67%) had inadequate knowledge and none of them had adequate knowledge.

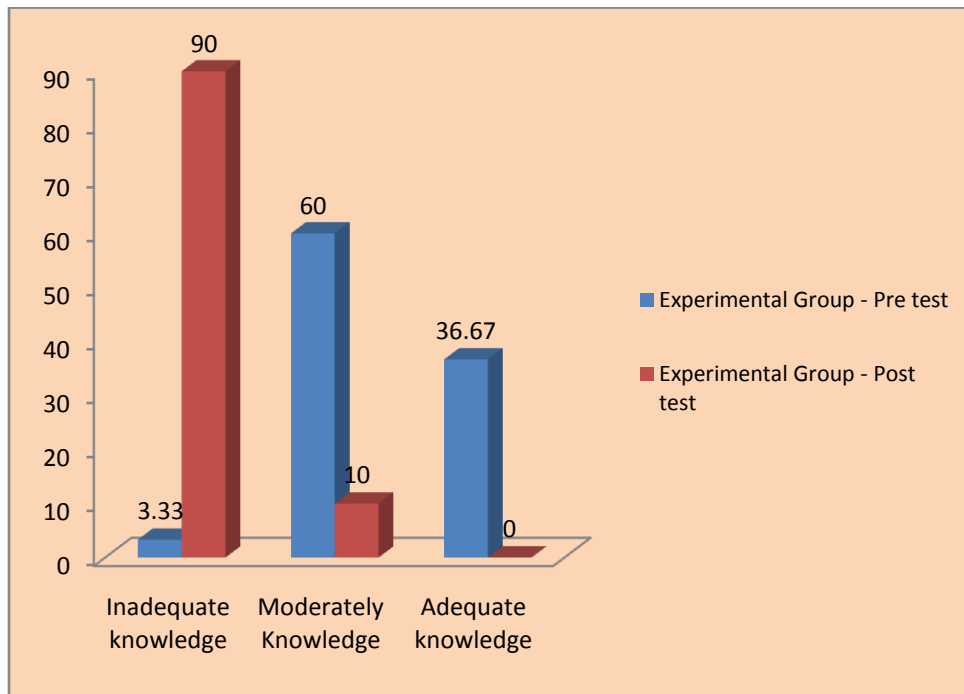


Figure: 5 Comparison of pretest and post test level of knowledge in the experimental group

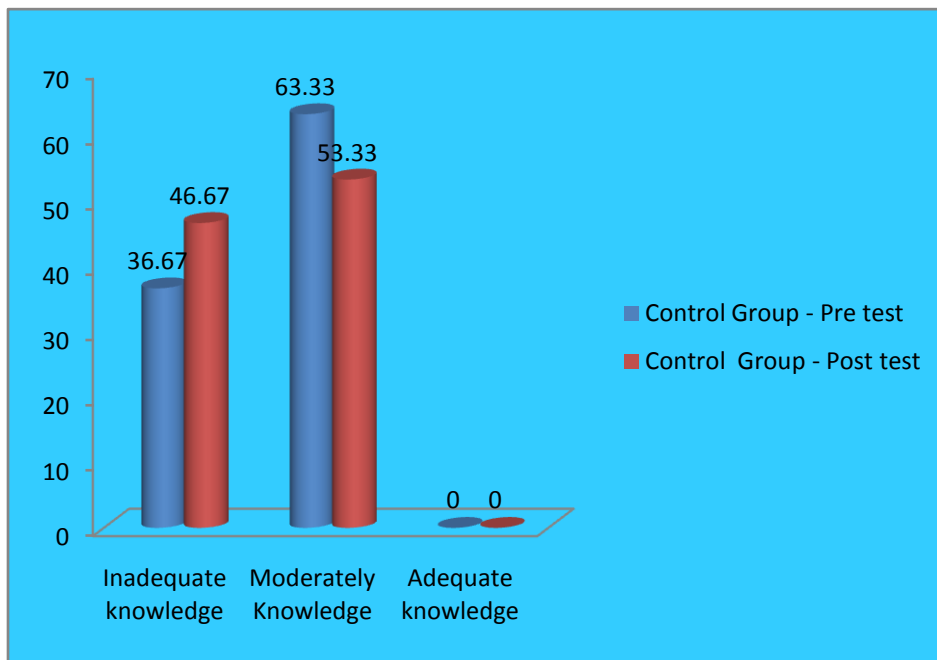


Figure: 6 Comparison of pretest and post test level of knowledge in the control group

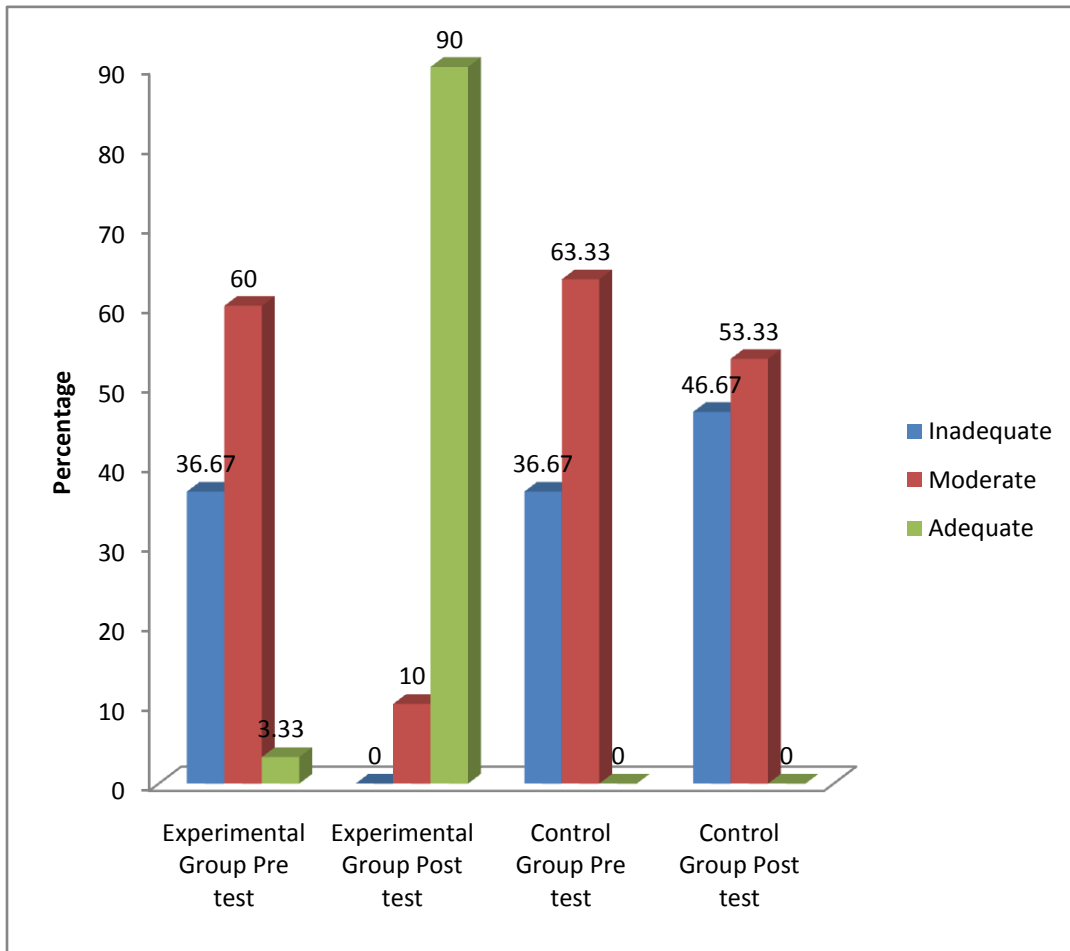


Figure: 7 Comparison of level of knowledge between the Experimental group and control group

SECTION C: COMPARISON OF PRE TEST AND POST TEST LEVEL OF KNOWLEDGE REGARDING SELECTED FIRST AID MEASURES AMONG PRIMARY TEACHERS IN EXPERIMENTAL AND CONTROL GROUP.

Table: 4 Comparison of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental group.

n = 30

Level of knowledge	Mean	SD	Paired “t” value
Pretest	14.5	3.09	13.57**
Posttest	21.7	1.78	

P <0.05 level of significance

The table 4 shows the comparison of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental group.

The mean pre test value of knowledge among primary teachers was 14.5 with SD 3.09 and the mean post test value of knowledge was 21.7 with SD 1.78. The calculated paired “t” value 13.57 was found to be statistically significant at p<0.05 level.

This clearly shown that the video assisted teaching on knowledge regarding selected first aid measures among primary teachers post test level of knowledge was significantly increased in the experimental group.

Table :5 Comparison of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in control group.

n = 30

Level of knowledge	Mean	SD	Paired “t” value
Pretest	14.23	2.23	1.07**
Posttest	13.77	2.47	

P <0.05 not significant

The table5, shows the comparison of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in control group.

The mean pre test value of knowledge among primary teachers was 14.23with SD 2.23 and the mean post test value of knowledge was 13.77 with SD 2.47. The calculated paired “t” value 1.07 was not found to be statistically significant at p<0.05 level.

This clearly shows that there was no significant change in the pre test level and post test level of knowledge among primary teachers in control group.

Table :6 Comparison of post test level of knowledge regarding selected first aid measures among primary teachers between the experimental and control group.

N = 60(30+30)

Posttest	Mean	SD	Unpaired “t” value
Experimental	21.7	1.78	14.24
Control	13.77	2.47	

P <0.05 level of significance

The table 6 shows the comparison of post test level of knowledge between the experimental and control group.

When comparing the post test level of knowledge among primary teachers between the experimental and control group, the post test mean score in the experimental group was 21.7 with SD 1.78 and the post test mean score in the control group was 13.77 with SD 2.47; The calculated unpaired “t” value 14.24 was found to be statistically significant at p<0.05 level.

This clearly indicates that after the administration of video assisted teaching the level of knowledge on selected first aid measures was significantly increased among primary teachers in experimental group than the control group.

SECTION D: ASSOCIATION OF POST TEST LEVEL OF KNOWLEDGE REGARDING SELECTED FIRST AID MEASURES AMONG PRIMARY TEACHERS WITH THE SELECTED DEMOGRAPHIC VARIABLES IN EXPERIMENTAL GROUP.

Table 7 Association of post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in the experimental group.

S.No	Demographic variables	n=30						χ^2 (df)	p-value (N/NS)
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
1.	Age (in years)								
	a. 21-25 years	-	-	1	3.3	13	43.3	0.89 (df=3)	0.826 NS
	b. 26-30 years	-	-	1	3.3	6	20		
	c. 31-35 years	-	-	1	3.3	5	16.7		
	d. Above 35 years	-	-	0	0	3	10		
2.	Gender								
	a. Male	-	-	0	0	9	30	1.43 (df=1)	0.232 NS
	b. Female	-	-	3	10	18	60		
3.	Religion								
	a. Hindu	-	-	3	10	18	60	1.43 (df=1)	0.699 NS
	b. Christian	-	-	0	0	2	6.7		
	c. Muslim	-	-	0	0	6	20		
	d. Others	-	-	0	0	1	3.3		

4.	Marital status								
	a. Married	-	-	1	3.3	12	40		
	b. Unmarried	-	-	2	6.7	12	40	0.69	0.874
	c. Widow	-	-	0	0	1	3.3	(df=3)	NS
	d. Separated	-	-	0	0	2	6.7		
5.	Educational status								
	a. UG	-	-	0	0	4	13.3		
	b. PG	-	-	3	10	17	56.7	1.67	0.435
	c. Montessori training	-	-	0	0	0	0	(df=1)	NS
	d. Any others	-	-	0	0	6	20		
6.	Type of Family								
	a. Nuclear	-	-	1	3.3	10	33.3	0.14	0.930
	b. Joint	-	-	2	6.7	17	56.7	(df=1)	NS
7.	Year of Experience								
	a. Below 1 years	-	-	0	0	7	23.3		
	b. 1-5 years	-	-	2	6.7	14	46.7	1.03	0.597
	c. 6-10 years	-	-	1	3.3	6	20	(df=2)	NS
	d. Above 10 years	-	-	0	0	0	0		
8.	Awareness about first aid								
	a. Yes	-	-	1	3.33	29	96.67	0.14	0.0011
	b. No	-	-	-	-	-	-	(df=1)	NS

9	If yes	Sources of information about first Aid							
a.	Radio		-	-	0	0	4	13.3	
b.	TV		-	-	2	6.7	9	30	6.45*
c.	Internet		-	-	1	3.3	14	46.7	(df=2) 0.046*

NS-Not significant, S-significant.

The table 7 shows that the demographic variables, sources of information had shown statistically significant association with the post test level of knowledge among primary teachers at $P < 0.05$ level in the experimental group, and the other demographic variables had not shown statistically significant association with the post test level of knowledge among primary teachers in the experimental group.

CHAPTER – V

DISCUSSION

The aim of this study was to determine the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers.

This chapter discussed the major findings of the study and reviews them in terms of result from other studies.

The first objective of the study was to assess the pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental and control group.

The analysis of pre test level of knowledge among primary teachers in experimental group revealed that, majority 18 (60%) had moderately adequate knowledge, 11 (36.67%) had inadequate knowledge, and 1 (3.33%) had adequate knowledge.

The analysis of pretest level of knowledge among primary teachers in control group revealed that, majority 19 (63.33%) had moderately adequate knowledge, 11 (36.67%) had inadequate knowledge, and none of them had adequate knowledge.

These findings were supported by **K. Maloti devi** conducted a study to assess the effectiveness of planned teaching programme on knowledge regarding first aid on selected conditions among primary school teachers in experimental group. The result revealed that the after administration of planned teaching programme in the

posttest level of knowledge, the majority 24 (80%) teachers had moderately adequate knowledge, 6 (20%) teachers had adequate knowledge and none of them had inadequate knowledge in experimental group, whereas in the control group majority 30 (100%) teachers had inadequate knowledge.

The findings of the study support that the knowledge among primary school teachers had significant difference in the pretest and posttest level of knowledge in experimental and control group. Hence the stated hypothesis 1 was accepted.

The second objective of the study was to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers in experimental group.

Comparison of pre test and posttest level of knowledge among primary teachers in experimental group revealed that, the mean pre test value of level of knowledge was 14.5 with SD 3.09 and the mean post test value of knowledge was 21.7 with SD 1.78. The calculated paired “t” value 13.57 was found to be statistically significant at $p < 0.05$. This clearly shows that the video assisted teaching has improved the post test level of knowledge among primary teachers in experimental group.

Comparison of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in control group revealed that the mean pre test value of knowledge was 14.23 with SD 2.23 and the mean post test value of knowledge was 13.77 with SD 2.47. The calculated paired “t” value 1.07 was not found to be statistically significant. This clearly shows that there was no significant

change in the pre test level and post test level of knowledge among primary teachers in the control group.

Comparison of post test level of knowledge between the experimental and control group revealed that, the mean post test score in the experimental group was 21.7 with SD 1.78 and post test mean score in the control group was 13.77 with SD 2.47, the calculated unpaired “t” value 14.24 was found to be statistically significant at $p < 0.05$ level. This clearly indicates that after the administration of video assisted teaching the level of knowledge on selected first aid measures was significantly increased among primary teachers in experimental group than the control group.

These findings were supported by **Jaklein R. Younis (2015)** conducted a study to assess the effectiveness of video assisted teaching method versus traditional Lecture on primary teacher’s knowledge and skills regarding first aid management of children’s school day accidents in experimental group. The results revealed that the after administration of video assisted teaching programme 67% teachers had adequate knowledge, 33% of teachers had moderately adequate knowledge and none of them had inadequate knowledge in post test.

The finding of the study supports that the provision of video assisted teaching among primary teachers was increased their level of knowledge regarding selected first aid measures. Hence the stated hypothesis 2 was accepted.

The third objective of the study was to find out the association between post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group.

The chi- square test revealed that the demographic variables of sources of information had shown statistically significant association with post test level of knowledge at $P < 0.05$ level among primary teachers in the experimental group and the other demographic variables had not shown statistically significant association with the post test level of knowledge in the experimental group. Hence the stated hypothesis 2 was accepted.

These findings were supported by **Sumithra M. (2016)** conducted a study to assess the effectiveness of programmed teaching on level of knowledge. And expressed practice regarding first aid management among primary school teachers at selected school's vellore. The result revealed that there was a significant association between knowledge and expressed practice of first aid management with the selected demographic variable's among primary teachers in experimental group. Hence the hypotheses 2 was accepted.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATION, LIMITATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study and conclusion drawn from the study findings. It classifies implications in different areas like nursing practice, nursing education, nursing administration, nursing research, limitations and recommendation for the further study.

SUMMARY OF THE STUDY:

STATEMENT OF THE PROBLEM:

A quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers working at selected schools, in Pudukkottai.

THE FOLLOWING OBJECTIVE WERE SET FOR THE STUDY:

- To assess the pre test and post test level of knowledge regarding selected first aid measures among primary teachers in experimental and control group.
- To evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers in experimental group.
- To find out the association between post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group.

HYPOTHESES:

H₁: There will be a significant difference in the level of knowledge regarding selected first aid measures among primary teachers in the experimental group.

H₂: There will be a significant association between the post test level of knowledge regarding selected first aid measures among primary teachers with the selected demographic variables in experimental group.

The conceptual model of the study was based on the “General system theory” **LUDWIG VON BERTALANFFY (1968)**. The study was conducted with quasi experimental Non randomized control group design. Non probability Purposive sampling technique was used to select the study samples.

The data were analyzed and interpreted in terms of objectives and research hypotheses. Descriptive statistics (frequency, percentage, mean and standard deviation) and Inferential statistics (paired and unpaired “t” test and chi – square test) were used to test the research hypotheses.

MAJOR FINDINGS OF THE STUDY:

1. In the experimental group, majority of 14 (46.67%) were in the age group of 21 – 25 years; majority 21 (70%) were females ; majority 21 (70%) were belongs to Hindus; majority 14 (46.67%) were unmarried; majority 20 (66.67%) were PG; majority 19 (63.33%) lives in joint family; majority 16 (53.33%) had 1-5 year of experience; majority 30(100%) were aware about first aid; and majority 15 (50%) were aware through internet.

Whereas in the control group majority 10 (33.33%) were in the age group of 31-35 years and above 35 year respectively; majority 28 (93.33%) were females ; majority 23 (76.67%) belongs to Hindus, majority 24 (80%) were unmarried; majority 19 (63.33%) were PG; majority 17 (56.67%) lives joint family; majority 13 (43.3%) had 1-5 year of experience; majority 30 (100%) were aware about first aid; and majority 15 (50%) were aware through TV.

2. The analysis of pretest level of knowledge among primary teachers in experimental group revealed that majority 18 (60%) had moderately adequate knowledge, 11 (36.67%) had inadequate knowledge, and 1 (3.33%) had adequate knowledge, whereas in posttest level of knowledge regarding selected first aid measures among primary teachers in experimental group revealed that majority 27 (90%) had adequate knowledge and 3 (10%) had moderately adequate knowledge, and none of them had inadequate knowledge.

The analysis of pretest level of knowledge among primary teachers in control group revealed that majority 19 (63.33%) had moderately adequate knowledge, 11 (36.67%) inadequate knowledge, and none of them had adequate knowledge, whereas in posttest level of knowledge regarding selected first aid measures among primary teachers in control group revealed that majority 16 (53.33%) had moderately adequate knowledge, 14 (46.67%) had inadequate knowledge and none of them had adequate knowledge.

3. The Comparison of pre test and posttest level of knowledge among primary teachers in experimental group, revealed that the mean pre test value of level of knowledge was 14. 5 with SD 3.09 and the mean post test value of knowledge was 21.7 with SD 1.78.The calculated paired “t” value 13.57 was found

to be statistically significant at $p < 0.05$ level. This clearly shows that the provision of video assisted teaching has improved the post test level of knowledge among primary teachers in experimental group.

4. The Comparison of pre test and post test level of knowledge regarding selected first aid measures among primary teachers in control group, revealed that the mean pre test value of level of knowledge was 14.23 with SD 2.23 and the mean post test value of knowledge was 13.77 with SD 2.47. The calculated paired “t” value 1.07 was not found to be statistically significant. This clearly shows that there was no significant change in the pre test level and post test level of knowledge among primary teachers in the control group.

5. The Comparison of post test level of knowledge between the experimental and control group, revealed that the mean post test score in the experimental group was 21.7 with SD 1.78 and post test mean score in the control group was 13.77 with SD 2.47, the calculated unpaired “t” value 14.24 was found to be statistically significant at $p < 0.05$ level. This clearly indicates that after the administration of video assisted teaching the level of knowledge on selected first aid measures was significantly increased among primary teachers in experimental group than the control group.

6. The chi-square test revealed that the demographic variables of sources of information had shown statistically significant association with post test level of knowledge at $P < 0.05$ level among primary teachers in the experimental group and the other demographic variables had not shown statistically significant association with the post test level of knowledge in the experimental group.

CONCLUSION:

Based on the findings of the study , the following conclusions were drawn. The video assisted teaching had significantly increased the level of knowledge regarding first aid measures among primary teachers.

IMPLICATIONS OF THE STUDY:

- ✓ It includes implication nursing practice, nursing administration and nursing research.

IMPLICATIONS FOR NURSING PRACTICE:

- ✓ School health nurse also can update the day to day basic first aid measures.
- ✓ The primary health nurses need to educate the school children on first aid measures using different types of teaching methods.

IMPLICATIONS FOR NURSING EDUCATION:

- ✓ Nursing curriculum can be regularly updated regarding the current trends in first aid measures.

IMPLICATIONS FOR NURSING ADMINISTRATION:

- ✓ Nurse administrator can create awareness regarding selected first aid measures among various sectors of people.
- ✓ Nurse administrator should arrange public awareness program for first aid measures.
- ✓ Nurse administrator can arrange the frequent training session for the NSS, YRC in schools and colleges.

IMPLICATIONS FOR NURSING RESEARCH:

- ✓ Nurse researcher has to conduct the research by comparing the first aid measures with other groups.
- ✓ Extensive research can be conducted to create awareness to the community regarding first aid measures.

LIMITATION:

- ✓ The study was limited to primary teachers only
- ✓ The study was limited to 6 weeks of data collection.

RECOMMENDATIONS:

- ✓ The study could be conducted by using a large population to generalize the study findings.
- ✓ A comparative study can be done between rural and urban school teachers.
- ✓ The similar study can be replicated for college students.

REFERENCES

BOOKS:

- A Parthasarathy (2009) “**Text book of pediatric Nursing**” 4 th edition Published by jaypee brothers.
- Achar (2006) “**A Text book of Pediatric Nursing**” 3 rd edition Published by Elsevier Publication.
- Adele Pillitteri (1999) “**Child health nursing**” Published by Lippincott.
- AssumaBeevi T.M (2012) “**A Text book of Pediatric Nursing**” Published by Elsevier Publication.
- Authoried Manual of St.John Ambulance Association (2002) “**First aid manual**” 8 th edition.
- Barbara .F Weller (1991) “**A Text book of Pediatric Nursing**” 7 th edition Published by ecbs.
- Basavantappa B.T (2007) “**Text book of Nursing research**” 3 rd edition, New Delhi Published by jaypee brothers.
- Behermen 1992) “**A Text book of Pediatric Nursing**” 4 th edition Published by jaypee brothers.
- Brunner and suddharth (2006) “**Text book of medical and surgical nursing**” 11 th edition published by Lippincott New Delhi.
- C.Manivannan (2013) “**Text book of First aid and emergency Nursing**” Published by EMMESS Publication.
- Dorothy R. Marlow (2008) “**A Text book of pediatric Nursing**” 6 th edition Published by Elsevier.
- Elizabeth B. Hurlock 2006) “**Child development**” 6 th edition Published by Tata McGraw-Hill.

- Gupta L.C (2004) “**Manual of first aid**” 1 st edition New Delhi Published by Jaypee brothers.
- Hocken berry (2008) “**Essential of pediatric Nursing**” Published by Elsevier Publication.
- J . Viswanathan (2006) “**A Text book of Pediatric Nursing**” 3 rd edition Published by orient Longman Private limited.
- Jacob Singh (2003) “**Pediatric Nursing**” 5 th edition Published by Elsevier Publication.
- John Camm (2003) “**First aid step by step**” CBC Publisher New Delhi.
- Karesh Prasad (2012) “ **First aid for Nurses**” 1 st edition Published by JitendarP.vij.
- Klingman and Stanton (2003) “ **A Text book of Pediatric Nursing**” 1 th edition Published by Elsevier Publication.
- Kusum samant (2006) “**Pediatric for Nurses**” 1 st edition Published by Ratial ,K. vora.
- Kyle (2009) “ **Essential of Pediatric Nursing**” published by Lippincott Williams and wilkins Publication.
- Manojyadav“**A Text book of Child health nursing**” 2012 edition, Published by pee vee publication.
- Neelam kumara (2015), edition 2012 “**Text book of first aid**” Medical Publisher
- Nelson (2008) “ **Text book of Pediatric Nursing**” 2 nd edition Published by Elsevier Publication.
- Parul data (2004) “ **Text book of pediatric Nursing**” 1 st edition Published by jaypee brothers.
- Polit D.F and Hungler B.P (2004) “ **Nursing research principle and methods**” 5 th edition published by Lippincott.
- Potter A. Perry Griffin Anne (2001) “**Fundamental of Nursing**” 5 th edition , London Mosby Publishers.

- Rimple Sharma (2013) “ **Essential of Pediatric Nursing**” 1 st edition Published by Jaypee brothers.
- Singh Ajoy (1998) “ **First aid and emergency care**” 7 th edition Published by NR brothers.
- Soumya kurian“ **cryogenic child care for Pediatric Nursing**” 1 st edition Published by EMMESS Medical publishers.
- Srivastav R.N (1989) “**Text book of pediatric Nursing**” published by Churchill livingstone.
- Suresh K. Sharma (2012) “**Nursing research and statistics**” 2 nd edition New Delhi Elsevier Publication.
- T.K Indrani (2008) “ **First aid for Nurses**” 1 st edition Published by jaypee brothers.
- Wongs (2007) “**Nursing care of infants and children**” 8 th edition Published by Elsevier.

JOURNALS:

- Farhan Muhammad Quresh et al. (2018) first aid facilities in the school settings, Pakistan journal of medical sciences.
- Geetha.C (2016) knowledge on selected first aid measures among school children, puducherry, international journal of Applied Research.
- GemechuGanfure (2018) knowledge, attitude, practice, and association factors among kindergarten teacher of Lideta sub city Addis Abada, Ethiopa. journals. Plos.org.
- Jayanti Semwal et at(2017) a study of knowledge and attitudes to first aid among school children of Diowalablock, Dehradun international journals of community health.
- Kelle de Lima Rodrigues et al (2015) teacher’s knowledge about first aid in the school environment;strategies to develop skills, iMedPub journals.
- MoawiahKhatatbeh (2019) first aid knowledge among University Students in Jordan , International journal of preventive medicine.

- Navjot kaur et al (2017) A descriptive study to assess the level of knowledge regarding the first aid management among school teachers in selected schools of district maholi, Punjab, journal of health and medical information.
- Rakhi Pandey et al (2017) first aid knowledge among health assigned teachers of primary schools, international journal of research in medical sciences.
- Rohitash Kumar (2015) knowledge of primary school teacher on first aid management of minor accidents among children at Ambala, International journal of Nursing research and Practices.
- Shane Lenson et al (2016) first aid knowledge in school childres, australasian journal of paramedicine.

NET REFERENCES:

www.ehsdb.com. First aid ..

<https://www.emedicine health.com>

<https://en.m.wikipedia.org>

<https://www. Webmd.com>

<https://pdfs.semanticscholar.org/148d/1657f24bc>

<http://www.omicsonlin.org/open.access>

<http://www.ijarnd.com>

<https://repository.tnmgrmu.al.in.pdf>

<https://pdfs.semanticscholar.org>

<https://www.ljmhpr.com>

<https://www.nesearchgate.com>

<https://www.ncbi.nlm.nih.gov>

<https://www.spszengrova.cz>

<https://www.wemd.com>

<https://www.sja.org.uk>

[https://www.webmd.org.first aid](https://www.webmd.org.firstaid)

<https://www.redcross.org.uk>

[https://www.cdc.gov.](https://www.cdc.gov)

<https://www.mayoclinic.org>

[https://www.healthline.com/health/eye.](https://www.healthline.com/health/eye)

<https://www.lybrate.com>

<https://www.eyewiki.com.org>

[https://www.nhsinform.scot.first aid.](https://www.nhsinform.scot.firstaid)

<https://www.verywellfit.com>

<https://www.realsimple.com>

[https://www.pdfs.semanticscholar.org](https://www.pdf.semanticscholar.org)

APPENDICES

APPENDIX – A

TOOL FOR DATA COLLECTION

DEMOGRAPHIC VARIABLES

Kindly answer the following questions,

1. Age in years

- a) 21-25
- b) 26-30
- c) 31-35
- d) Above 35

2. Sex

- a) Male
- b) Female

3. Religion

- a) Hindu
- b) Christian
- c) Muslim
- d) Others

4. Marital status

- a) Married
- b) Unmarried
- c) Widow
- d) separated

5. Educational status

- a) UG
- b) PG
- c) Montessori training
- d) Any other

6. Type of family

- a) Nuclear
- b) Joint

7. Years of experience

- a) Less than 1 year
- b) 1 – 5 years
- c) 6 – 10 years
- d) Above 10 years

8. Awareness about first aid

a) Yes

b) No

If yes sources of information about first aid

a) Radio

b) TV

c) Internet

SECTION - B

STRUCTURED KNOWLEGDE QUESTIONNARIE

GENERAL INFORMATION ABOUT FIRST AID

- 1 The meaning of first aid is to
 - a) Provide comfort device ()
 - b) Treatment given to sick or injured person ()
 - c) Prevent worsening of the casualty condition ()
- 2 The main aim of first aid is to
 - a) Preserve life ()
 - b) Provide territorial care ()
 - c) Provide comfort ()
- 3 First aid is the immediate action taken to
 - a) Treat the injured until medical help is available ()
 - b) Supplement proper medical or surgical treatment ()
 - c) Preserve vitality and resistance to disease ()
- 4 The first priority should be given to
 - a) Painful one ()
 - b) Infectious one ()
 - c) Life threatening one ()

FIRST AID FOR FOREIGN BODIES IN EYES, EAR, NOSE

- 5 The first aid for foreign bodies in the eyes is to
 - a) Wash eyes with clean water ()
 - b) Give cold compress ()
 - c) Remove the foreign body ()

- 6 If seed or insect present in the ear, the immediate measure is
- a) Put some cotton balls in to the ear ()
 - b) Plug the ear canal with oil or clean water ()
 - c) Put ear drops with clean water ()
- 7 First aid of foreign bodies in the nose is
- a) Pour clean water in to the nose ()
 - b) Blow the nose with one nostril closed ()
 - c) Put out the foreign object with tweezers ()

FIRST AID FOR WOUNDS

- 8 The best way to clean a wound is with
- a) Hydrogen ()
 - b) Soap and water ()
 - c) Water alone ()
- 9 The principles of wound care is to
- a) Prevent infection ()
 - b) Prevent further death of tissue ()
 - c) Minimized the pain ()
- 10 The chief duties of a first aider in caring for open wounds is
- a) To cleanse the wound and give medication ()
 - b) To calm and reassure the victim and to mobilize the injured part ()
 - c) To stop bleeding and to prevent contaminations from entering the wound ()

FIRST AID FOR INJURY

- 11 The soft tissue injury resulting from the impact of blunt object is called by
- a) A laceration ()
 - b) A contusion ()
 - c) A puncture ()

- 12 The common injuries found in school children in school is
- a) Shock ()
 - b) Falls ()
 - c) Burns ()
- 13 The signs and symptoms of chest injury is
- a) Pain, swelling, increased breathing ()
 - b) Head ache, wound present, vomiting ()
 - c) Unconsciousness, fever, tiredness ()
- 14 The signs and symptoms of head and spinal injury is
- a) Consciousness, pain ()
 - b) Unconsciousness, abnormal behavior ()
 - c) Swelling, giddiness ()

FIRST AID FOR BLEEDING

- 15 The first aid for nose bleed is
- a) Sit quickly and then pinch the nostrils to apply pressure ()
 - b) Blow the nose until bleeding stops ()
 - c) Apply cold compress and pinch the nostrils ()
- 16 Do not try to stop a nose bleed in case of
- a) Broken nose ()
 - b) Fracture skull ()
 - c) Ear bleeding ()

FIRST AID FOR DOG BITE

- 17 First aid in dog bite is
- a) wash the area with soap and water ()
 - b) immobilize the part ()
 - c) apply direct pressure to the wound to stop bleeding ()

- 18 The method used for removing an sting is to
- a) Apply an ice cube over the sting ()
 - b) Pull the embedded tick out with tweezers ()
 - c) Seek immediate medical help ()
- 19 The vaccine given for dog bite is
- a) OPV ()
 - b) ARV ()
 - c) DPT ()

FIRST AID FOR DROWNING

- 20 First aid care in drowning is
- a) Supine position, head turned ()
 - b) Prone position, head turned ()
 - c) Semi fowler position ()
- 21 If the person is not breathing after drowning means
- a) Check the pulse for 5 seconds ()
 - b) Check the pulse for 10 seconds ()
 - c) Check the pulse for 15 seconds ()
- 22 If there is no pulse and respiration after drowning means
- a) **Start cardio pulmonary resuscitation** ()
 - b) Check any bleeding from body ()
 - c) Provide comfortable position ()

FIRST AID FOR SEIZURE

- 23 During the seizures should not do
- a) Flexion of patient arm, legs ()
 - b) Insert mouth gag ()
 - c) Extension of victim arms, legs ()

- 24 The signs and symptoms of seizures is
- a) Slow heart rate, head ache ()
 - b) Unconsciousness, papillary dilatation ()
 - c) Consciousness, rapid breathing ()
- 25 The initial step of first aid given during seizure is to
- a) Start cardio pulmonary resuscitation ()
 - b) Clear the area by removing hard (or) sharp object ()
 - c) Initiate the oral medication ()

SCORING KEY:

S NO	A	B	C
1.	0	1	0
2.	1	0	0
3.	1	0	0
4.	0	0	1
5.	1	0	0
6.	0	1	0
7.	0	1	0
8.	0	1	0
9.	1	0	0
10.	0	0	1
11.	0	1	0
12.	0	1	0
13.	1	0	0
14.	0	1	0
15.	1	0	0
16.	0	1	0
17.	1	0	0
18.	0	0	1
19.	0	1	0
20.	0	1	0
21.	0	1	0
22.	1	0	0
23.	1	0	0
24.	0	1	0
25.	0	1	0

பிரிவு அ
விவரக்குறிப்பு

1. பதிவு எண்
2. வயது
 - அ. 21- 25 ஆண்டுகள்
 - ஆ. 26 - 30 ஆண்டுகள்
 - இ. 31 - 35 ஆண்டுகள்
 - ஈ. 36க்குமேல்
3. பாலினம்
 - அ. ஆண்
 - ஆ. பெண்
4. மதம்
 - அ. இந்து
 - ஆ. கிறிஸ்தவர்
 - இ. முஸ்லீம்
 - ஈ. இதரமதத்தவர்
5. திருமணத்தகுதி
 - அ. திருமணம் ஆனவர்
 - ஆ. திருமணம் ஆகாதவர்
 - இ. விதவை
 - ஈ. தனித்துவம்
6. கல்வித்தகுதி
 - அ. இளங்கலை பட்டதாரி
 - ஆ. முதுகலை பட்டதாரி
 - இ. முனைவர்பட்டம்
 - ஈ. மற்றவை
7. குடும்பத்தின் அமைப்பு
 - அ. தனிக்குடும்பம்
 - ஆ. கூட்டுக் குடும்பம்
 - இ. 10 ஆண்டுகளுக்குமேல்

8. உங்களுக்கு முதலுதவி பயிற்சி பற்றி தெரியுமா?

அ. ஆம்

ஆ. இல்லை

9. முதலுதவி பயிற்சி தகவல்களை எதன்மூலம் அறிந்து கொண்டீர்கள்?

அ. வானொலி

ஆ. தொலைக்காட்சி

இ. ஊடகம்

பிரிவு ஆ
வினாவிரல் அறிவு

முதலுதவி குறித்த பொதுத் தகவல்கள்

1. முதலுதவி என்றால் என்ன?
 - அ. வசதியை அளிப்பது
 - ஆ. உயிரைப் பாதுகாத்தல்
 - இ. மோசமடைந்து வரும் அவசர நிலையில் இருந்து காத்தல்
2. முதலுதவியின் முதன்மை நோக்கம்
 - அ. உயிரைத் தக்கவைப்பது
 - ஆ. அந்த நேரத்திற்கு உகந்த பாதுகாப்பு
 - இ. ஆறுதல் அளிப்பது.
3. முதலுதவியின் போது உடனடியாக மேற்கொள்ள வேண்டிய செயல்பாடு
 - அ. மருத்துவ உதவி கிடைக்கும்வரை காயப்பட்ட இடத்திற்கு மருந்தளிப்பது.
 - ஆ. போதிய மருத்துவம் அளிப்பது.
 - இ. உயிரைத் தக்கவைப்பது மற்றும் நோய் எதிர்ப்பு
4. முதலுதவியில் எதற்கு முக்கியத்துவம் கொடுக்கப்பட வேண்டும்?
 - அ. வலி உடையவர்களுக்கு
 - ஆ. கிருமி தாக்கம் உடையவருக்கு
 - இ. உயிருக்குப் போராடிக் கொண்டிருப்பவர்க்கு

ஒவ்வாத பொருட்களால் பாதிப்புக்கு உள்ளான கண்,காது மூக்கு ஆகியவைகளுக்கு முதலுதவி.
5. கண்ணினுள் உள்ள ஒவ்வாத பொருட்களை அகற்றுவதற்கான முதலுதவி
 - அ. தூய்மையான நீரில் கண்ணைக் கழுவுதல்
 - ஆ. குளிர்ந்த ஒத்தடம் கொடுத்தல்
 - இ. ஒவ்வாதப் பொருட்களை நீக்குதல்

6. விதை மற்றும் பூச்சி போன்ற ஒவ்வாதப் பொருள்கள் காதில் இருக்கும் பொழுது எடுக்கவேண்டிய உடனடி நடவடிக்கையானது
- அ. பஞ்சு உருண்டைகளைக் காதில் வைக்கவேண்டும்
- ஆ. காதில் எண்ணெய் விடுதல்
- இ. நீரால் தூய்மை செய்து காது மருந்துவிடுதல்
7. மூக்கில் வேண்டாத பொருட்கள் இருக்கும் பொழுது செய்ய வேண்டிய முதலுதவி
- அ. மூக்கில் தூய்மையான நீரை ஊற்றுதல்
- ஆ. ஒரு மூக்குதுவாரத்தை அடைத்துக் கொண்டு சிந்துதல்
- இ.வேண்டாதப் பொருட்களை இடுக்கியால் நீக்குதல்
- காயங்களுக்கான முதல் உதவி**
8. வெட்டுக் காயங்களை எதனால் சுத்தப்படுத்துவது சிறந்தது
- அ. ஹைட்ரஜன்
- ஆ. சோப்புநீர்
- இ. நீர்
9. வெட்டுக் காயங்களுக்கு முக்கியத்துவம் கொடுப்பதற்குக் காரணம்
- அ. நோயைத்தடுப்பதற்கு
- ஆ. திசுக்களின் அழிவைத் தடுப்பதற்கு
- இ. வலியை குறைப்பதற்கு
10. திறந்த காயங்களுக்கு முதலுதவியாளர்கள் செய்ய வேண்டிய முதல் கடமை
- அ. காயங்களை சுத்தப்படுத்தி மருந்து கொடுத்தல்
- ஆ.பாதிக்கப்பட்டவரை அமைதிப்படுத்தி ஊக்கப்படுத்துதல்
- இ. இரத்தப் போக்கை தடுத்து புண்வாய் மாசடைவதை தடுத்தல்

இரத்த காயங்களுக்கான முதலுதவி

11. வெட்டுக் பொருட்களால் மென் திசுக்களில் ஏற்படும் காயம்
- அ. குதறியக்காயம்
ஆ. ஊமைக்காயம்
இ.கீறல் காயம்
12. பள்ளிக் கூடங்களில் குழந்தைகளுக்குப் பொதுவாகஏற்படும் காயங்கள்
- அ. அதிர்ச்சியடைதல்
ஆ. கீழே விழுதல்
இ. நெருப்புப் படுதல்
13. நெஞ்சில் அடிப்பட்டுள்ளது என்பதை எத்தகைய மாற்றங்கள் மற்றும் அடையாளங்களால் அறிந்துகொள்ள இயலும்.
- அ. வலி, வீக்கம் ஏற்படுதல், அதிகமான சுவாசம்
ஆ. தலைவலி, காயம் ஏற்படுதல், வாந்தி எடுத்தல்
இ. சுயநினைவு இழத்தல், காய்ச்சல், சோர்வு
14. தலையிலும், தண்டுவடத்திலும் அடிப்பட்டுவிட்டது என்பது எத்தகைய அறிகுறியால் தெரிந்துக் கொள்ளலாம்?
- அ. சுயநினைவு, வலி
ஆ. சுயநினைவு இன்மை, இயல்புக்கு மாறான நடத்தைகள்
இ. வீக்கம், தலைச்சுற்றல்

இரத்தப் போக்கிற்கான தடுப்பதற்கான முதலுதவி

15. மூக்கில் இரத்தக் கசிவு ஏற்பட்டோர்க்கு செய்ய வேண்டிய முதலுதவி
- அ. உடனே உட்காரவைத்து மூக்குத் தூவாரத்தை அழுத்தத்துடன் அடைத்துக் கொள்ளுதல்
ஆ. இரத்தக் கசிவு நிற்கும் வரை அழுத்தமாக மூச்சுவிடுதல்
இ. மூக்கு தூவாரத்தை குளிர்மை செய்து பின்பு அதனை அடைத்துப் பிடித்தல்

16. மூக்கில் இருந்துவரும் இரத்தத்தை நிறுத்த எப்பொழுது முயற்சி செய்யக்கூடாது

அ. மூக்கு உடைந்திருக்கும் பொழுது

ஆ. மண்டையோட்டில் முறிவுஏற்பட்டிருக்கும் பொழுது

இ. காதில் இரத்தம் வரும் பொழுது

நாய்க்கடிக்கானமுதலுதவி

17. நாய்க்கடிக்குச் செய்ய வேண்டிய முதலுதவி

அ. கடித்தப் பகுதியை சோப்புநீரால் கழுவவேண்டும்

ஆ. கடித்தப் பகுதியை அசையாமல் இருக்கச் செய்தல்

இ. கடித்தப் பகுதியை நேரடியாக அழுத்தி இரத்தப் போக்கை நிறுத்த வேண்டும்.

18. கடிவாய் அச்சு போக்குவதற்கு எது சிறந்தமுறை

அ. கடிவாய் அச்சில் பனிக்கட்டியைப் பொருத்துதல்

ஆ. இடுக்கி முள்ளால் பிடுங்கி எடுத்தல்

இ. ஊடனடியாக மருத்துவமனைக்கு செல்லுதல்

19. நாய்கடிக்குக் கொடுக்கப்படும் மருந்து

அ. ஒ.பி.வி

ஆ. ஏ.ஆர்.வி

இ. டி.பி.டி

நீரில் மூழ்கியவற்குக் கொடுக்கப்படும் முதலுதவி

20. நீரில் மூழ்கியவருக்குக் கொடுக்க வேண்டிய முதலுதவி

அ. மல்லாக்கப் படுக்கவைத்து, தலையைத் திருப்பிவைத்தல்

ஆ. குப்புரப்படுக்க வைத்து தலையைத் திருப்பிவைத்தல்

இ. துலையை உயர்த்தி வைத்தல்

21. நீரில் மூழ்கியவர் சுவாசம் இன்றி இருந்தால்

அ. நாடிதுடிப்பை 5 வினாடி பரிசோதிக்க வேண்டும்

ஆ. நாடிதுடிப்பை 10 வினாடி பரிசோதிக்க வேண்டும்

இ. நாடிதுடிப்பை 15 வினாடி பரிசோதிக்க வேண்டும்

22. நீரில் மூழ்கியவருக்கு நாடிதுடிப்பும், சுவாசமும் இல்லாதிருந்தால்

அ. இதயத்தை அழுத்தி, நுரையீரலுக்குச் செயற்கை சுவாசம் அளித்தல்

ஆ. உடம்பில் ஏதேனும் இரத்தப் போக்கு உள்ளதா என்று கவனித்தல்

இ. செளகரியமான நிலையில் இருக்கச் செய்தல்

வலிப்புக்கான முதலுதவி

23. வலிப்பு வந்தவருக்குச் செய்யக் கூடாதவை

அ. கை, கால்களை தளர்த்தல்

ஆ. வாயை திறந்து சுத்தமான துணி வைத்தல்

இ. கை கால்களை நீட்டித்தல்

24. வலிப்பு வருவதற்கான அறிகுறிகள்

அ. குறைந்த இருதயதுடிப்பு, தலைவலி ஏற்படுதல்

ஆ. சுயநினைவு இன்மை, கருவிழிவிரிதல்

இ. வேகமான சுவாசம், சுயநினைவு

25. வலிப்பின் போது செய்ய வேண்டிய முதலுதவி

அ. இதயத்துடிப்பைத் தூண்டுதல்

ஆ. சுற்றுப் புறத்தில் உள்ள கூர்மையானப் பொருட்களை அகற்றுதல்

இ. தண்ணீர் குடிக்கச் செய்தல்

Name of the student : Ms.S. Vallikkannu

Course : M.Sc(N) II year

Date :

Time :

Duration : 30 mts

Method of teaching : Lecture cum discussion

Av aids : LCD projector

General objectives: At the end of the class, the students will be able to acquire knowledge regarding the first aid management and develop desirable attitude towards the need for providing first aid care and develop skills in first aid management.

Specific objectives:

At the end of the class, the learner will be able to

- define first aid
- list down the aims of first aid
- discuss the principles of first aid
- state the meaning of first aider
- identify the qualities of first aider
- explain about the role of first aider
- describe about the foreign bodies entering in the eye, nose and ears first aid
- classify the types of wound and its management
- enumerate about the injuries and its management
- describe about the care of first aid for nose bleeding
- discuss about the care of first aid for dog bite
- enumerate about the care of first aid for drowning
- mention about the first aid management for seizure

Introduction:

Teachers are the role models of the children in the school. They actively listen to the words of their teachers than the parents. When teachers are involved in the care of a child's growth and development from the beginning, it ends up in the development of a healthy children .Hence for teaching the first aid to the children the teachers are used as the medium to translate the knowledge about first and its management to the children. When the teachers are aware of this they can transform this knowledge to the children and hence many of the problems can be prevented and easily rectified.

Time	Specific objectives	Content	Teacher's activity	Learners activity	Av aids	Evaluation
2 mts	The learners will be able to define first aid	<p>Definition of first aid:</p> <p>First aid is the temporary and immediate care given to the person who is injured or suddenly become ill, using facilities or materials available at that time before required medical help is attained.</p>	Explaining	Listening and clarifying the doubts	LCD projector	What is meant by first aid?
3 mts	The learners will be able to list down the aims of first aid	<p>Aims of first aid:</p> <ul style="list-style-type: none"> • To preserve life • To prevent deterioration • To promote recovery • To prevent worsening of the condition • To arrange the transportation of the casualty to the nearest hospital. 	Explaining and discussing	Listening and clarifying the doubts	LCD projector	What are the aims of first aid?
5 mts	The learners will be able to discuss the principles of first aid	<p>Principles of first aid:</p> <ul style="list-style-type: none"> • To prevent further injury to the casualty and to avoid injury to the first aider. • To assess and threat of the casualty in the correct order of priority. 	Explaining	Listening and clarifying the doubts	LCD projector	What are the principles of first aid?

2 mts	The learners will be able to state the meaning of first aider	<ul style="list-style-type: none"> • To place the casualties in a comfortable position • To immobilize the injured limbs. • To arrange evacuation if necessary in the correct priority <p>First aider: A first aider is just a common person who may have learned a standard method at application of first aid best suited to his skills .he is trained to reach patient, identify the problem and to provide emergency care when necessary move patient without causing further injury.</p>	Explaining	Listening and clarifying the doubts	LCD projector	What is the meaning of first aider?
2 mts	The learners will be able to identify the qualities of first The learners will be able to identify the roles of first aider	<p>Qualities of first aider</p> <ul style="list-style-type: none"> • Should be a good observer • Should be able to act quickly • Should not get panic or excited • Should have the ability to lead and control the crowd and take help from the onlookers 	Explaining	Listening and clarifying the doubts	LCD projector	What are the qualities of first aider?

		<p>and emery stone metal usually enter the eye as foreign bodies, this particles usually get situated under the eyelids or eyeballs.</p> <p>Sign and symptoms:</p> <ul style="list-style-type: none">- pain and itching in eye-vision may be impaired-watering of affected area-redness in eyes-excessive blinking-extreme tearing <p>Cause:</p> <ul style="list-style-type: none">• Eye lashes• Dried• Sawdust• Dirt• Saved cosmetics• Contact lenses• Metal particles• Glass shards				
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		<p>Treatment:</p> <ul style="list-style-type: none">• Ask the casualty not to rub the eye• Ask him to sit down in a chair, dangle the right and lean back• Stand behind the casualty, hold the chin in the hand and use the index finger and thumb of your other hand to separate the affected lids.• Ask him to look right, left, up and down so that every part of the eye can be examined properly.• If foreign is visible wash it with tap water and sterile water. <p>On eye irrigator, incline the head towards the injured side so that the water will drain out over the cheek away from the sound eye.</p> <p>If this is unsuccessful or water is not available and foreign bodies are not sticking to the eye, lift the foreign bodies with the corner of a clean cloth.</p> <p>If the foreign body is under the upper lid, ask the casualty to look down, grasp the eyelashes</p>				
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	<p>and pull the upper lid down ward and outward over the lower lid.</p> <p>Do not rub or put pressure on the eye.</p> <p>Foreign bodies in the ears:</p> <p>Definition:</p> <p>The cases of foreign bodies in the ear occur generally in children, solid substances like peas, button, can enter, the ear, among this some substances.</p> <p>Some objects placed in the ear may not cause symptoms.</p> <p>Treatment:</p> <p>Flush the ear canal with water never used pin or peas of wire to make out foreign bodies from the ear because using them eardrum may get rupture.</p> <p>Mosquitoes, bedbugs or flies die by putting olive oil or soda bicabs in lukewarm water in to the ear.</p> <p>Then murmuring sound of these insect stops, now send person to the hospitals.</p>				
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		<p>Foreign bodies in the nose:</p> <p>Definition:</p> <p>Certain foreign bodies like peas of betel nut, grain and peas and other seeds enter the nose. Generally happens mostly in children.</p> <p>Signs and symptoms:</p> <ul style="list-style-type: none">• Bad odor, bloody nose <p>Treatment:</p> <p>⇒ By putting olive oil and the oil in the nose either the foreign bodies come out or the irritation of the nose subside</p> <p>⇒ Do not sneeze forcefully in effort to take out the foreign or do not close the an affected nostril and try to sneeze out with the affected the nostrils because by doing so tire is fear of cessation of respiration</p> <p>⇒ Through there is no immediate risk but the person should be sent to the hospital as soon as possible.</p>				
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3 mts	<p>The learner will be able to</p> <p>Classify types of the wound and its management</p>	<p>Wounds:</p> <p>Definition:</p> <p>A wound is an abnormal break in the skin or other tissues, which allow blood to escape.</p> <p>Types of wounds:</p> <p>⇒ Open wound & closed wound</p> <p>Open wound:</p> <ul style="list-style-type: none"> • Incised • Avulsion • lacerate • Punctured • Abrasive-penetrating -penetrating <p>Closed wound:</p> <ul style="list-style-type: none"> • Bruises • Internal bleeding <p>Open wound:</p> <p>Open wounds allow blood to escape from the body skin is broken.</p> <p>Incised wounds:</p>	Explaining and discussing	Listening and observing	LCD projector	What is meant by wound?
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		<p>Incised wounds are sharp, even cut that tends to bleed freely because the blood vessels and tissue have been severed. Sharp objects like knife, razor, blade or broken glass cause them.</p> <p>Avulsionwounds:</p> <p>In involves the tearing loose of a flap skin which may either remain hanging or be torn off altogether.</p> <p>Lacerated wounds:</p> <p>A lacerated wound is a cut inflicted by sharp even instrument such a broken glass bottle that produced jagged incision through the skin surface and underlining structure.</p> <p>Puncturedwounds:</p> <p>It is caused by a stab from the pointed objected.</p> <p>EX: nail, sword, blate</p> <p>Penetrating wound:</p> <p>In this only wound of entry is seen this may be shallow to deep. In this both internal and external bleeding occur.</p>				
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	<p>Perforating wounds:</p> <p>This type of injury is seen with gunshot wound. It is wound of entrance and exit entrance wound is always smaller as compared to exit wound.</p> <p>Abrasion wound:</p> <p>An abrasion is a superficial wound caused by rubbing scrapping in which part of skin surface has been lost.</p> <p>General emergency for open wounds:</p> <ul style="list-style-type: none">• Control bleeding• Treat shock• Immobilize the part and keep the victim quite• Prevent further contamination by applying dressing and bandage.• Don't remove impacted objects.• The objects should be stabilized with bulky dressing.• Preserve unused parts turn of part should be saved and flaps of skin may be folded back to their normal position before				
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		<p>bandaging.</p> <ul style="list-style-type: none">• Don't try to replace protruding organs. Producing eye ball of protruding intestine should be covered a there are and no attempt should be made to replace them in their normal position within a body cavity. <p>Closed wounds:</p> <p>A bruise (contusion) result when a blunt object strike the body.</p> <p>The skin not broken and no blood appear on the skin surface.</p> <p>Signs and symptoms:</p> <p>Discoloration, swelling pain redness.</p> <p>Management:</p> <p>First aid control bleeding by applying ice and cold compress to relief pain and reduce swelling.</p> <p>Emergency care for infected wound:</p> <p>⇒ All the open wounds will be contaminated by germs, which enter wither from the cause of injury from the air or from the first aiders breath or fingers.</p>				
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		<p>Signs and symptoms of infected wound:</p> <ul style="list-style-type: none">* Increase pain and soreness in the wound* Increase swelling and redness of wound surrounding parts with a feelings of heat.* Pus may ooze from the wound* Fever, sweating, thirst, shivering, lethargy, swelling and tenderness of glands. <p>Managements:</p> <ul style="list-style-type: none">✿ Remove the soiled dressing by picking it up at the corners.✿ Don't touch other portions wash your hands with a soap and water.✿ Remove the swabs with antiseptic solution.✿ Remove dirt, dried blood and foreign matter using the swabs.✿ Apply bandage to keep the dressing in place.				
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5 mts	The learner will be able to enumerate about the injuries and its management	<p>Injuries :</p> <p>Dental injurie:</p> <p>Generally anterior teeth knocked out by direct heat or after to toots extraction bleeding from to toots socket may occur immediately or after few hours.</p> <p>Earinjuries:</p> <p>Bleeding from the ear is mainly because of cuts or injury to the external ear as this is very vascular bleeding from inside the ear is usually because of fracture skull. Injury to the ear drum or ear canal or infection inside.</p> <p>Firstaid:</p> <p>Help the casualty in to a half sitting position with his head titled to the injury side to allow blood to train a way.</p> <p>Put on gloves if available hold a sterile dressing. Non fluffy pad lightly in place on the ear send the casualty to hospital.</p>	Explaining	Listening and discussing	LCD projector	How to manage the first aid for injuries?
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5 mts	The learner will be able to describe about the care of first aid for nose bleeding	<p>Eye injuries:</p> <p>The eye can bruise or cut by direct blow or by sharp chipped fragments of metal grit and glass.</p> <p>First aid on eye injuries:</p> <p>Flood the eye with warm water immediately use your fingers to keep the eye open as wide as possible hold head under a faucet or pour water into the eyes from any clean container for at least 15 mts continuously and gently roll the eye ball as much as possible to wash out.</p> <p>Lossely bandage both eye. Seek Medical help immediately after these lips are taken.</p> <p>Bleeding:</p> <p>Definition:</p> <p>Bleeding occur from the blood vessels inside the nostrils. Bleeding comes from the nose is also a sign of fracture skull.</p> <p>Causes:</p>	Explaining	Listening and observing	LCD projector	What is the meaning of bleeding?
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		<ul style="list-style-type: none">● Picking out crust and hair● Blowing the nose● High blood pressure.● Bleeding disorder● In summer usually no cause● Common cold and other infection.● Injury to the nose. <p>First aid:</p> <ul style="list-style-type: none">* Sit the casualty down with head well forward and loosen any tight clothing around neck and chest.* Advice him to breath through the mouth and to pinch the oft part of nose.* Tell him to spit out any blood from the mouth Swollen blood .* Released the pressure after10 mts if the bleeding has not stopped continue treatment for further 10 mts.* Do not allow the casualty to raise the head.				
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5 mts	The learner will be able to discuss about the care first aid for dog bites	<ul style="list-style-type: none"> * Do not plug the nose * When the bleeding stops, tell the casualty to avoid exertion, advise the casualty not to blow the nose for at least four hours. <p>Dog bite: Definition: A dog bite is a bite inflicted on a person or another animal by a dog.</p> <p>First aid: <ul style="list-style-type: none"> * Place a clean towel over the injury to stop any bleeding. * Try to keep the injured area elevated. * Wash the bite carefully with soap and water. * Apply a sterile bandage to the wound. </p> <p>First aid on bites and stings animal bite: ⇒ Animal bites cause lethal bleeding, but they can produce significant damage. 60-70% of the animal bites in the United States come from dogs.</p>	Explaining and discussing	Listening and observing	LCD projector	How to manage the dog bite?
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		<p>⇒ A dog mouth may carry more than 60 different species of bacteria some of which are very dangerous to human</p> <p>⇒ Human cat and other animal bites are equally contaminated and dangerous.</p> <p>First aid management:</p> <p>If the wound not bleeding heavily wash it with soap and water washing should take 5- 20 mts.</p> <p>Scrubbing can traumatize tissues.</p> <p>So avoid it whenever possible allowing a wound to bleed a little so it will help to remove bacteria left in the tissue.</p> <p>Rinse the wound thermally is in roughly with running water.</p> <p>Control bleeding with direct pressure and if an extremely is involved and the bleeding continues.</p> <p>Use elevation alone with the direct pressure.</p> <p>Cover with a sterile dressing but don't seal the wound with tape or butterfly bandage.</p> <p>Seek medical attention because of the danger</p>				
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3 mts	The learner will be able to enumerate about the care of first aid for drowning	<p>of infection need for further cleaning.</p> <p>Administer the ARV vaccine as per doctor orders.</p> <p>Drowning: Definition: Drowning is submersion that result in asphyxia and death with in 24 hour. If the child survives longer than 24 hours after submersion. The events is referred to as near drowning.</p> <p>Incidence: Drowning is the 3 rd leading cause of unintentional injury death world wide according for 7 % of all injury related deaths.</p> <p>Etiology Most drowning happen in residential swimming pools</p> <ul style="list-style-type: none"> • Bath tubs • Toilet • Buckets • Open water sites such as lakes rivers 	Explaining	Listening and observing	LCD projector	How to manage the drowning?
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		<p>and oceans are more likely to be sites of accident among teenagers.</p> <p>Epidemiology:</p> <p>Children between 1-4 years are mostly affected.</p> <p>In teenagers males are mostly affected than females,</p> <p>Manifestation:</p> <p>Age submersion time</p> <p>Water temperature</p> <p>Neurological status</p> <p>Arterial blood gas measurements (especially ph)</p> <p>Mild hypothermia.</p> <p>How slight pulmonary change on radiography.</p> <p>Cyanosis, coughing, tachypure</p> <p>Tachycardia</p> <p>Low grade fever</p> <p>Shivering</p> <p>Riles, Ranchi and tears often wheezes</p>				
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5 mts	The learner will be able to mention about the first aid management for seizure	<p>Management:</p> <ul style="list-style-type: none"> ⇒ Rescue the victim and removed from the water ⇒ Prompt initiation of CPR and activation of emergency. ⇒ The child airway is opened to remove mucus and fluids from mouth. ⇒ Elevating the head of the bed to 30 % may help lower intracranial pressure but should not be done in spinal injury. ⇒ Warm the child and removed the wet cloth. ⇒ provide blankets to prevent shivering. <p>Prevention:</p> <ul style="list-style-type: none"> • Prevention pool fencing • Do not swim alone <p>Seizures:</p> <p>Definition:</p> <p>A chronic disorder of abnormal recurring, excessive and self terminating electrical discharge</p>	Explaining	Listening and observing	LCD projector	What is meaning of seizure?
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		<p>from neurons.</p> <p>Causes:</p> <ul style="list-style-type: none">• Infection• Age, genetic• Acute febrile state• Toxins• Injury• Idiopathic <p>Type of seizures:</p> <ul style="list-style-type: none">⇒ Partial seizures⇒ General partial seizures⇒ Mixed seizure <p>Partial seizures:</p> <ul style="list-style-type: none">○ Simple partial○ Complex partial <p>Simple partial :</p> <p>Depends on area, alteration in motor function, sensory signs, recurrent muscles contractions of the face or contra lateral part of the body.</p>				
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	<p>Signs and symptoms:</p> <ul style="list-style-type: none">▪ Recurrent muscles contraction▪ Abnormal sensation, hallucination . <p>ANS:</p> <ul style="list-style-type: none">▪ Tachycardia, hypotension▪ Inappropriate fear or anger. <p>Complex partial seizure:</p> <ul style="list-style-type: none">✓ Consciousness is impaired✓ Non purposeful activity. <p>Generalizedseizures:</p> <ul style="list-style-type: none">* Involve both the hemispheres as well as deeper brain structures.* Consciousness is always impaired <p>Absence (peti-mal)</p> <p>Tonic clonic (grand mal)</p> <p>Tonic phase:</p> <ul style="list-style-type: none">* Breathing ceases* Cyanosis develops* Pupils are fixed and dilated* Last for 15sec				
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		<p>Clonic phase:</p> <ul style="list-style-type: none">▪ Characterized by alternating contraction and relaxation.▪ Hyperventilation, eye roll back▪ Client froths at mouths▪ 60-90 sec <p>Management:</p> <ul style="list-style-type: none">⇒ Check the patient consciousness level⇒ loosen anything tight around neck⇒ Cushion the head⇒ Turn on the side⇒ Nothing give orally⇒ Don't hold down⇒ Don't give any iron articles <p>EX: keys, knife</p> <ul style="list-style-type: none">⇒ Do not place anything including your fingers between the persons teeth, you can break person teeth. If you do so.⇒ Avoid activities such as climbing to high places, biking and swimming.				
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		<p>Summary:</p> <p>So far we have discussed about the first aid management including introduction, first aid definition, qualities of first aiders, aims of first aid, principles of first aid, role of first aid, foreign bodies in the ear, nose, eyes, first aid management of wound, injuries, bleeding, drowning, seizures, dog bites, and its managements.</p>				
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முதலுதவி

தலைப்பு : முதுலுதவி மற்றும் சிகிச்சை முறைகள்
குழு : பள்ளி ஆசிரியர்கள்
நேரம் : 30 நிமிடம்
கற்பித்தல் முறை : கானொளி உதவியால் கற்பித்தல்
ஒளி, ஒலி சாதனம் : திரவ படிசு காட்சி ப்ரொஜெக்டர்

பொது நோக்கங்கள்

வகுப்பின் முடிவில் ஆசிரியர்கள் முதலுதவி மேலாண்மை குறித்த அறிவைப் பெறவும் முதலுதவி சிகிச்சையை வழங்குவதன் அவசியத்தைப் பற்றி விரும்பத்தக்க அணுகுமுறையை வளர்த்துக் கொள்ளவும் முதலுதவி நிர்வாகத்தில் திறன்களை வளர்த்துக் கொள்ளவும் முடியும்.

குறிப்பிட்ட நோக்கங்கள்

- வகுப்பின் முடிவில் கற்பவர் அறிபவை,
 - முதலுதவி வரையறை
 - முதலுதவி நோக்கங்களை பட்டியலிடுகு
 - முதலுதவி கொள்கைகளைப் பற்றி விவாதிக்கவும்
 - முதலுதவியாளரின் பொருளைக் கூறுங்கள்
 - முதல் உதவியாளரின் குணங்களை அடையானம் காணவும்
 - முதல் உதவியாளரின் பங்கு பற்றி விளக்குங்கள் கண், மூக்கு மற்றும் காதுகளில் முதலுதவி பெறும் ஒவ்வாத பொருட்களை பற்றி விவரிக்கவும்.
 - காயத்தின் வகைகள் மற்றும் அதன் நிர்வாகத்தையும் வகைப்படுத்துதல்
 - காயங்கள் மற்றும் அதன் மேலாண்மை பற்றி விவரிக்கவும்
 - மூக்கு இரத்தப்போக்குக்கான முதலுதவி சிகிச்சை பற்றி விவரிக்கவும்
 - நாய் கடித்தலுக்கான முதலுதவி பராமரிப்பு பற்றி விவாதிக்கவும்
 - நீரில் மூழ்கியவர்களுக்கு முதலுதவி மற்றும் அதன் கவனிப்பு பற்றி விவரிக்கவும்
 - வலிப்பு வந்தவர்களுக்கு செய்ய வேண்டிய முதலுதவி மற்றும் மேலாண்மை பற்றி குறிப்பிடவும்.

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
2 நிமிடம்	கற்பகர்களுக்கு முதலுதவியை வரையறுக்க	<p>அறிமுகம்</p> <p>ஆசிரியர்கள் பள்ளியில் உள்ள குழந்தைகளுக்கு முன் மாதிரியாக உள்ளனர். பெற்றோரை விட அவர்கள் ஆசிரியர்களின் வார்த்தைகளை தீவிரமாக கேட்கிறார்கள். ஆரம்பத்தில் இருந்தே ஒரு குழந்தையின் வளர்ச்சி மற்றும் வளர்ச்சியைப் பராமரித்ததில் ஆசிரியர்கள் ஈடுபடும் போது அது ஆரோக்கியமான குழந்தைகளின் வளர்ச்சியில் முடிவடைகிறது. குழந்தைகளுக்கு முதலுதவி கற்பித்தலுக்கான ஆசிரியர்கள் முதல் அறிவை மொழி பெயர்க்க ஊடகமாக ஆசிரியர்கள் பயன்படுத்தப்படுகிறார்கள். மற்றும் அதன் மேலாண்மை குழந்தைகளுக்கு ஆசிரியர்கள் இதை அறிந்திருக்கும் போது அவர்கள் இந்த அறிவை குழந்தைகளுக்கு மாற்ற முடியும் எனவே பல சிக்கல்களைத் தடுக்கலாம். மற்றும் எளிதில் சரி செய்யலாம்.</p> <p>முதலுதவி வரையறை</p> <p>முதலுதவி என்பது காயமடைந்த அல்லது தீவிரன நோய்வாய்ப்பட்ட நபருக்கு வழங்கப்படும் தற்காலிக மற்றும் உடனடி கவனிப்பு தேவையான மருத்துவ உதவி பெறுவதற்கு முன்னர் அந்த நேரத்தில் கிடைக்கும் வழிகள் அல்லது பொருட்களைப் பயன்படுத்துதல்.</p> <p>முதலுதவி நோக்கங்கள்</p> <ul style="list-style-type: none"> ➤ உயிரைப் பாதுகாக்க ➤ மோசமடைவதை தடுக்க ➤ மீட்டெடுப்பதை ஊக்குவிக்க ➤ மோசமடையும் நிலையைத் தடுக்க ➤ பாதிக்கப்பட்டவரை அருகிலுள்ள மருத்துவமனைக்கு கொண்டு செல்ல ஏற்பாடு செய்தல். 	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	முதலுதவி என்றால் என்ன? முதலுதவியின் நோக்கங்கள் யாவை?
3 நிமிடம்	கற்பவர்களுக்கு முதலுதவியின் நோக்கங்களை பட்டியலிடுக				

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
3 நிமிடம்	கற்பவர்களுக்கு முதலுதவி கொள்கைகளைப் பற்றி விவாதிக்க	<p>முதலுதவியின் கோட்பாடுகள்</p> <p>விபத்துக்குள்ளானவருக்கு மேலும் காயம் ஏற்படுவதை தடுக்கவும் முதல் உதவியாளருக்கு காயம் ஏற்படுவதை தவிர்க்கவும்.</p> <p>விபத்து ஏற்பட்டோர்க்கு சரியான வரிசையில் முன்னுரிமை அளித்தல் மற்றும் அச்சுறுத்தல் ஒரு வசதியான நிலையை அளித்தல் காயமடைந்த கை, கால்களை அசைவதை தடுத்தல் தேவைப்பட்டால் வெளி மருத்துவமனைக்கு இடமாற்றம் செய்தல்.</p> <p>முதலுதவியாளர்</p> <p>முதல் உதவியாளர் என்பது ஓர பொதுவான நபர் அவர் தனது திறமைகளுக்கு மிகவும் பொருத்தமான முதலுதவி பயன்பாட்டில் ஒரு நிலையான முறையைக் கற்றுக் கொண்டிருக்கலாம். அவர் நோயாளியை பாதுகாப்பது. சிக்கலை அடையாளம் காணவும், மேலும் காயம் ஏற்படாமல் நோயாளியை நகர்த்தவும் அவசர சிகிச்சை அளிக்கவும் பயிற்சி அளிக்கப்படுகிறார்.</p> <p>முதல் உதவியாளரின் குணங்கள்</p> <p>ஒரு நல்ல பார்வையாளராக இருக்க வேண்டும். விரைவாக செயல்படுபவராக இருக்க வேண்டும். புயம் அல்லது பீதி இருக்க கூடாது. கூட்டத்தை வழிநடத்துதல் மற்றும் கட்டுப்படுத்தும் திறன் உடையவராக இருக்க வேண்டும்.</p> <p>முதலில் கண்காணிக்கப்பட வேண்டிய தன்னம்பிக்கையும், காயங்களை தீர்ப்பதற்கான திறனும் இருக்க வேண்டும்.</p>	கவனித்தல் மற்றும் கேள்வி எழுப்புதல்	காணொளி உதவி மூலம் கற்பித்தல்	<p>முதல் உதவியாளரின் கொள்கைகள் யாவை?</p> <p>முதல் உதவியாளர் என்றால் என்ன?</p> <p>முதல் உதவியாளரின் குணங்கள் என்ன?</p>

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
2 நிமிடம்	<p>கற்றவர்களுக்கு முதல் உதவியாளரின் பங்குகள்.</p> <p>கற்றவர்கள் கண்கள், காது, மூக்கு, ஆகியவற்றில் ஒவ்வாத பொருட்களை விவரிக்க.</p>	<p>பாதிக்கப்பட்டவருக்கு உறுதியளிப்பதற்கும் அவர்களது உறவினர்களுக்கு ஆறுதல் அளிப்பவராக இருக்க வேண்டும்</p> <p>முதல் உதவியாளரின் பங்குகள்</p> <p>பாதிக்கப்பட்டவரின் நிலைமையை விரைவாகவும் அமைதியாகவும் மதிப்பீடுதல்.</p> <p>பாதிக்கப்பட்டவர்களையும் தங்களையும் எந்த ஒரு ஆபத்திலிருந்தும் பாதுகாத்தல்</p> <p>குறுக்கு தொற்றுநோயைத் தடுத்தல்</p> <p>ஆறுதல் மற்றும் உறுதியளித்தல்</p> <p>விபத்தை மதிப்பீடுதல்</p> <p>முதலுதவி சிகிச்சையை வழங்குதல்</p> <p>தேவைப்பட்டால் தேவையான உதவியை அளித்தல்</p> <p>கண்களில் உள்ள ஒவ்வாதப் பொருட்கள் வரையறை</p> <p>கண்ணில் ஏதேனும் ஒரு ஒவ்வாத பொருட்கள் வெளியிலிருந்து கண்களுக்குள் நுழையும், மணல், துகள்கள், தூசி, கண்ணாடி நிலக்கரி மற்றும் எரிகல் உலோகம் ஆகியவை பொதுவாக ஒவ்வாத பொருட்களாக</p>	<p>கவனித்தல்</p> <p>கவனித்தல்</p>	<p>காணொளி உதவி மூலம் கற்பித்தல்</p> <p>காணொளி உதவி மூலம் கற்பித்தல்</p>	<p>முதல் உதவியாளரின் பங்குகள் என்ன?</p> <p>கண்கள், காது, மூக்கு ஆகியவற்றில் ஒவ்வாத பொருட்களை எவ்வாறு அகற்றலாம்.</p>

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>கண்ணுக்குள் நுழைகின்றன. இந்த துகள்கள் பொதுவாக கண் இமைகள் அல்லது கண் இமைகளின் கீழ் அமைந்திருக்கும்.</p> <p>அறிகுறிகள்</p> <p>கண்ணில் வலி மற்றும் அரிப்பு ஏற்படுதல்</p> <p>கண் பார்வை பலவீனமடைதல்</p> <p>கண்ணில் நீர் வருதல்</p> <p>கண்கள் சிவந்து காணப்படுதல்</p> <p>கண்களை அடிக்கடி சிமிட்டுதல்</p> <p>விழித்திரை கிழிதல்</p> <p>காரணங்கள்</p> <p>கண் வகைபாடு</p> <p>மண், அழுக்கு</p> <p>தொடர்பு லென்ஸ்கள்</p> <p>மரத்தூள், அழகுசாதனப்பொருட்கள்</p> <p>உலோகத் துகள்கள்</p> <p>கண்ணாடித் துண்டுகள்</p>			

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>சிகிச்சை முறைகள்</p> <p>பாதிக்கப்பட்ட கண்களைக் கசக்க கூடாது என்று கூறுங்கள்.</p> <p>வலதுபுறமாக ஒரு நாற்காலியில் உட்கார்ந்து பின்னால் சாய்ந்து கொள்ளும்படி கூற வேண்டும்.</p> <p>அதன் பிறகு நின்று கன்னத்தில் கையைப் பிடித்து உங்கள் மற்ற கையின் ஆள்காட்டி விரல் மற்றும் கட்டைவிரலைப் பயன்படுத்தி பாதிக்கப்பட்ட இமைகளைப் பிரிக்கவும். கண்களின் ஒவ்வொரு பகுதியையும் சரியாக ஆராய்ந்து நோயாளியை இடது மற்றும் மேல் வலதுபுறமாகவும் பார்க்கும் படி கூறவும்.</p> <p>தேவையற்ற பொருட்கள் ஏதேனும் தெரிந்தால் அதனை சுத்தமான நீர் கொண்டு நன்கு கழுவ வேண்டும்.</p> <p>பாதிக்கப்பட்ட பாகத்தை நோக்கி தலையை சாய்த்துக் கொள்ளும் படி கூறவேண்டும்.</p> <p>இது தோல்வியுற்றால் அல்லது தண்ணீர் கிடைக்கவில்லை என்றால் ஒரு சுத்தமான துணியினைக் கொண்டு கண்ணை மூடி வைக்கவும்.</p>	<p>கவனித்தல்</p>	<p>காணொளி உதவி மூலம் கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
2 நிமிடம்		<p>ஓவ்வாதப் பொருட்கள் தெரியவில்லை என்றால் பாதிக்கப்பட்ட கண்ணின் இமையை பிடித்து மேல் இமையை கீழ்நோக்கி இழுக்க செய்யவும்.</p> <p>கண்களை தேய்க்காமல் அல்லது கண்ணில் அழுத்தம் கொடுக்கவோ செய்யக் கூடாது.</p> <p>காதுகளில் உள்ள ஓவ்வாதப் பொருட்கள் வரையறை</p> <p>குழந்தைகள் பொதுவாக தேவையற்ற பொருட்களை பட்டாணி, பட்டன் போன்ற திடமான பொருட்கள் நுழையச் செய்கின்றன.</p> <p>காதில் வைக்கப்படும் சில பொருட்கள் அறிகுறிகளை ஏற்படுத்தாது.</p> <p>சிகிச்சை முறைகள்</p> <p>காதினுள் ஏதேனும் ஓவ்வாதப் பொருட்கள் இருந்தால் அதனை சுத்தமான நீரைக் கொண்டு விரைவாக கழுவவேண்டும். அவ்வாறு செய்தால் தேவையற்ற பொருட்கள் வெளியேறிவிடும்.</p> <p>தலைவலி, ஊக்கு மற்றும் கம்பிகளைக் கொண்டு வெளியேற பயன்படுத்திக் கூடாது. அவ்வாறு செய்தால் ஆபத்துதானே தவிர பயன் ஏதும் கிடையாது.</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>காதினுள் பூச்சி கொசுக்கள் படுக்கை வண்டுகள் இருந்தால் அப்பொழுது ஆலிப் எண்ணெய் ஊற்றி வைத்தால் முணுமுணுப்பு சத்தம் நின்றுவிடும். பிறகு மருத்துவமனைக்கு அழைத்துச் செல்லலாம்.</p> <p>மூக்கினுள் உள்ள ஒவ்வாத பொருட்கள் வரையறை</p> <p>குழந்தைகளின் மூக்கினுள், பட்டாணி மற்றும் பல தானியங்கள் பிற விதைகள் போன்ற சில ஒவ்வாத பொருட்கள் மூக்கினுள் நுழைகின்றன.</p> <p>அறிகுறிகள்</p> <p>துர்நாற்றம், இரத்தகசிவு மூக்கினுள் ஏற்படுகின்றன.</p> <p>சிகிச்சை முறைகள்</p> <p>ஒவ்வாதப் பொருட்களை வெளியேற்ற ஆலிவ் எண்ணெயை மூக்கில் ஊற்றுவதன் மூலம் தேவையற்ற பொருட்களை நீக்கலாம். இதன் மூலம் மூக்கின் எரிச்சல் குறையும்.</p> <p>ஒவ்வாதப் பொருட்களை வெளியேற்ற பாதிக்கப்பட்டவர் மூக்கினால் பலமாக தும்மல் கூடாது அல்லது பாதிக்கப்பட்ட நாசியை முடிவிடாதீர்கள் அவ்வாறு செய்தால் மூச்சு (சுவாசம்) நின்றுவிடும், நிறுத்தப்படும்.</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
2 நிமிடம்		<p>இதன் மூலம் உடனடி ஆபத்து இல்லை ஆனால் பாதிக்கப்பட்டவரை விரைவில் மருத்துவமனைக்கு அழைத்துச் செல்ல வேண்டும்.</p> <p>காயங்கள்</p> <p>வரையறை</p> <p>காயங்கள் என்பது தோல் அல்லது பிற திசுக்களால் ஏற்படும். அசாதாரண முறிவு, அல்லது காயங்கள் ஆகும்.</p> <p>காயங்களின் வகைகள்</p> <p>திறந்த காயம் மற்றும் மூடுகாயம்</p> <p>திறந்த காயம்</p> <p>செதுக்கப்பட்ட</p> <p>உடன் பிரிக்கை</p> <p>சிராய்ப்பு, ஊடுருவாகி</p> <p>பஞ்சராகி விடுதல்</p> <p>மூடிய காயம்</p> <p>உள் இரத்தப்போக்கு</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>திறந்த காயங்கள்</p> <p>திறந்த காயங்கள் உடலில் இருந்து இரத்தம் வெளியேற அனுமதிக்கிறது.</p> <p>வெட்டப்பட்ட காயங்கள்</p> <p>செருகப்பட்ட காயங்கள் கூர்மையானவை வெட்டப்பட்டவை கூட இரத்தக் குழாய்கள் மற்றும் திசுக்கள் ஆக இருப்பதால் இரத்தம் கசியும்.</p> <p>அவல்ஷன் காயங்கள்</p> <p>ஒரு மடல் தோலைக் கிழித்தது போல் இது தொங்கிக் கொண்டே இருக்கலாம் அல்லது முற்றிலும் கிழிந்து போகக்கூடும்.</p> <p>சிதைந்த காயங்கள்</p> <p>ஒரு சிதைந்த காயம் என்பது கூர்மையான கருவியால் செய்யப்பட்ட ஒரு வெட்டு காயம் ஆகும்.</p> <p>துளையிடப்பட்ட காயங்கள்</p> <p>சுட்டிக்காட்டப்பட்ட பொருளிலிருந்து குத்தினால் இது ஏற்படுகிறது.</p> <p>(உதாரணம்) ஆணி, கத்தி, வாள்</p>	<p>கவனித்தல்</p>	<p>காணொளி உதவி மூலம் கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>ஊடுருவி காயம் இந்த நுழைவு காயத்தில் மட்டுமே இது ஆழமாக இருக்கக் கூடும். இதில் உள் மற்றும் வெளிப்புற இரத்தக் கசிவு ஏற்படுகிறது.</p> <p>துளையிடும் காயங்கள் இந்த வகை காயம் துப்பாக்கிச் சூட்டுக் காயத்துடன் காணப்படுகிறது. இது நுழைவாயிலின் காயம் மற்றும் வெளியேறும் காயத்துடன் ஒப்பிடும் போது வெளியேறும் நுழைவு காயம் எப்போதும் சிறியதாக இருக்கும்.</p> <p>சிராய்ப்பு காயம் சிராய்ப்பு என்பது தோல் மேற்பரப்பின் ஒரு பகுதியை கிழிந்த தேய்த்தல். ஸ்கிராப்பிங்கினால் ஏற்படும் மேலோட்டமான காயம்.</p> <p>திறந்த காயங்களுக்கு பொது அவசர நிலை இரத்தப்போக்கை கட்டுப்படுத்தவும் அதிர்ச்சி நிலையைக் குறைக்க பாதிக்கப்பட்ட பகுதியை அசைக்காமல் வைத்துக் கொள்ளவும் சுத்தமான துணியைக் கொண்டு காயப்பட்ட இடத்தை மூடி வைப்பதன் மூலம் மாசுபடுதலை தடுக்கலாம்.</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>பாதிக்கப்பட்ட காயத்திற்கு அவசர சிகிச்சை</p> <p>திறந்த காயங்கள் அனைத்தும் கிருமிகளை மாசுபடுத்தப்படும் அவை காற்றில் இருந்து ஏற்படுகிறது.</p> <p>அறிகுறிகள்</p> <p>காயத்தில் வலி மற்றும் புண் அதிகரித்தல்</p> <p>காயத்தை சுற்று வீக்கம் ஏற்படுதல்</p> <p>காயத்தில் இருந்து சலம் வெளியேற்றம்</p> <p>காய்ச்சல். வியர்வை தாகம் ஏற்படுதல்</p> <p>நடுக்கம் சோம்பல் ஏற்படுதல்</p> <p>வழிமுறைகள்</p> <p>சுத்தமான துணியினைப் பயன்படுத்தி அழுக்கை அகற்றவும்.</p> <p>மூடிய காயங்கள்</p> <p>ஒரு அப்பட்டமான பொருள் உடலைத் தாக்கும் போது இந்த காயம் (குழப்பம்) ஏற்படுகிறது. தோல்கள் உடைக்கப்படவில்லை மற்றும் தோல் மேற்பரப்பில் இரத்தம் தோன்றாது.</p> <p>அறிகுறிகள்</p> <p>நிறமாற்றம், வீக்கம், வலி ஏற்படுதல், சிவந்து காணப்படுதல்</p>	<p>கவனித்தல்</p>	<p>காணொளி</p> <p>உதவி</p> <p>மூலம்</p> <p>கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
2 நிமிடம்	கற்றவர் காயங்கள் மற்றும் அதன் மேலாண்மை பற்றி அறிக	<p>வழிமுறைகள்</p> <p>இதன் முதலுதவி காயப்பட்ட இடத்தில் பணி மற்றும் குளிர் சாதனத்தை பயன்படுத்தினால் இரத்தப்போக்கு மற்றும் வீக்கத்தைக் குறைக்கலாம்.</p> <p>கரைசலுடன் துணிகளை அகற்றவும்</p> <p>பாதிகப்பட்ட பகுதியை தொடாதீர்கள் சோப்பு மற்றும் தண்ணீரில் உங்கள் கைகளைக் கழுவவும்.</p> <p>காயங்கள்</p> <p>பல்காயம்</p> <p>பொதுவாக முன்புற பற்கள் நேரடி வெப்பத்தால் அல்லது பற்களை பரித்தெடுத்த பிறகு ஏற்படும்.</p> <p>இரத்தப்போக்கு உடனடியாக அல்லது சில மணிநேரங்களுக்கு பிறகு ஏற்படலாம்.</p> <p>காது காயங்கள்</p> <p>காதுகளில் இருந்து இரத்தப்போக்கு முக்கியமாக வெளிப்புற காதுகளில் வெட்டுக்கள் அல்லது காயம் ஏற்படுவதால் காதினுள் இருந்து இரத்தப்போக்கு ஏற்படுகிறது.</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	காயங்கள் என்றால் என்ன?

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>இதற்கு மண்டை ஒரு எலும்பு முறிவு காரணமாகும்.</p> <p>முதலுதவி</p> <p>இரத்தப்போக்கு நிறுத்த பாதிக்கப்பட்டவற்றை காயமடைந்த பகுதியை தலையைச் சாய்த்து உட்கார்த்து வைக்கவேண்டும்.</p> <p>சுத்தமான துணியைக் கொண்டு பாதிக்கப்பட்ட பகுதியை சுத்தம் செய்யவேண்டும். அதன்பிறகு மருத்துவமனைக்கு அழைத்துச் செல்லவும்.</p> <p>கண் காயங்கள்</p> <p>கண்ணில் நேரடியாக அடி அல்லது உலோக கட்டம் மற்றும் கண்ணாடி கூர்மையான தூண்களால் துண்டிக்கப்படலாம்.</p> <p>முதலுதவி</p> <p>சுத்தமான நீரினால் கண்களை உடனடியாக நன்கு கழுவ வேண்டும்.</p> <p>கண்ணை முடிந்தவரை அகலமாக திறந்து வைக்கவும் அல்லது சுத்தமான நீரைக் கொண்டு குறைந்தபட்சம் 15 நிமிடம் வரை தொடர்ந்து சுத்தம் செய்ய வேண்டும். கருவிழிகளை மெதுவாக உருட்டியும் கழுவ வேண்டும்.</p>	<p>கவனித்தல்</p>	<p>காணொளி</p> <p>உதவி</p> <p>மூலம்</p> <p>கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
2 நிமிடம்	மூக்கு இரத்தப் போக்குக்கான முதலுதவி சிகிச்சையை விவரிக்க.	<p>. பாதிக்கப்பட்ட கண்களை கட்டுத் துணியால் கட்டவேண்டும். அதன் பிறகு உடனே மருத்துவ மனைக்கு அழைத்துச் செல்லவும்.</p> <p>இரத்தப் போக்கு வரையறை</p> <p>நாசிக்குள் உள்ள இரத்த நாளங்களிலிருந்து இரத்தப்போக்கு ஏற்படுகிறது. மூக்கிலிருந்து இரத்தப் போக்கு வருவது மண்டை ஓட்டின் முறிவின் அறிகுறியாகும்.</p> <p>காரணங்கள்</p> <p>மூக்கை ஊதுதல் உயர் இரத்த அழுத்தம் இரத்தப்போக்கு கோளாறு கோடைக்காலங்களில் பொதுவாக சளி பிற தொற்று ஏற்படுகிறது.</p> <p>மூக்கினுள் ஏதேனும் காயம் ஏற்படுதல்</p> <p>முதலுதவி</p> <p>விபத்துக்குள்ளானவரை தலையுடன் நன்கு முன்னோக்கி உட்கார்ந்து கழுத்து மற்றும் மார்பைச் சுற்றி எந்த இருக்கமான ஆடைகள் இருந்தால் தளர்த்தவும்</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	இரத்தப் போக்கு என்றால் என்ன?

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
2 நிமிடம்	நாய் கடித்தலுக்கான பராமரிப்பு மற்றும் முதலுதவி பற்றி விவரிக்க	<p>வாய் வழியாக சுவாசிக்கும் படி கூறவேண்டும். இருவிரல்களை கொண்டு மூக்கினை அடைத்து வைக்கும் படி கூறவேண்டும். 10 நிமிடம் வரை மூக்கினை அழுத்தி பிடிக்கவேண்டும். இரத்தப்போக்கு நிறுத்தப்படாவிட்டால் மேலும் 10 நிமிடங்களுக்கு அழுத்தம் கொடுக்க வேண்டும்.</p> <p>இரத்த போக்கு நின்ற பிறகு விபத்தைத் தவிர்க்கும் போது அறிவுரை கூற வேண்டும்.</p> <p>குறைந்தது 4 மணி நேரம் வரை பாதிக்கப்பட்டவரின் மூக்கினை சிந்துவது மற்றும் அழுத்தம் கொடுக்க கூடாது.</p> <p>நாய்கடி வரையறை</p> <p>நாய் கடித்தால் ஒரு நாய் ஒரு நபரை அல்லது மற்றொரு விலங்கைத் கடிக்கும்.</p> <p>முதலுதவி</p> <p>எந்த ஒரு இரத்தப் போக்கையும் நிறுத்த காயத்தின் மேல் ஒரு சுத்தமான துணியைக் கொண்டு மூடவும் காயமடைந்த பகுதியை உயர்த்தி வைக்க வேண்டும்.</p> <p>கடிபட்ட பகுதியை சோப்பு மற்றும் தண்ணீரைக் கொண்டு கழுவ வேண்டும்.</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	நாய் கடியை எவ்வாறு நிர்வகிப்பது?

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>காயம் ஏற்பட்ட பகுதியை சுத்தமான துணியை கொண்டு மூடிவைக்க வேண்டும்.</p> <p>விலங்குகள் கடித்தால் ஆபத்தான இரத்தப்போக்கு ஏற்படுகிறது.</p> <p>நாயின் வாயில் கடிக்கும் மேற்பட்ட பல்வேறு விதமான பாக்டீரியாக்கள் உள்ளன. அவற்றில் சில மனிதனுக்கு மிகவும் ஆபத்தானவை.</p> <p>சில வீடுகளில் பூனை மற்றும் பிற விலங்குகளை வளர்கின்றனர் அது மிகவும் ஆபத்தானவை.</p> <p>முதலுதவி</p> <p>இரத்தப்போக்கு இல்லாமல் காயம் இருந்தால் அதை சோப்புடன் நன்கு கழுவ வேண்டும் 5 – 20 நிமிடம் வரை அப்பொழுது தேவையற்ற திசுக்களை அகற்ற வேண்டும்.</p> <p>காயம் ஏற்பட்ட பகுதியை உயர்த்தி வைக்க வேண்டும்.</p> <p>சுத்தமான கட்டுத் துணியை மூடி வைக்கவும்</p> <p>மேலும் நோய்தொற்றை தடுக்க மருத்துவரை அணுகவும்.</p> <p>மருத்துவரின் ஆலோசனைப்படி தடுப்பூசி போட வேண்டும்.</p>	<p>கவனித்தல்</p>	<p>காணொளி உதவி மூலம் கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>நீரில் மூழ்கியர் வரையறை</p> <p>மூழ்குவது என்பது நீரில் மூழ்கி 24 மணிநேரத்தில் மூச்சுத்திணறல் மற்றும் இறப்பு ஏற்படுகிறது. குழந்தை 24 மணி நேரத்தில் உயிர் இழந்தால் நிகழ்வுகள் நீரில் மூழ்குவதாக குறிப்பிடப்படுகிறது.</p> <p>நோய்நிகழ்வு</p> <p>உலகளவில் 7%க்கு ஏற்ப இறப்புகளில் உள்ளன.</p> <p>நோய்க்காரணம்</p> <ul style="list-style-type: none"> • பெரும்பாலான விபத்துக்கள் குடியிருக்கும் நீச்சல் குளங்களில் தான் ஏற்படுகிறது. • குளியல் தொட்டிகள் • குழிவறை • வாளிகளில் தண்ணீர் வைத்தல் • ஆறுகள், ஏரிகள் மற்றும் பெருங்கடல்கள் போன்ற திறந்த நீர் தளங்களில் இளைஞர்களுக்கான விபத்து பகுதியாகும் 	<p>கவனித்தல்</p>	<p>காணொளி உதவி மூலம் கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>நோயியல்</p> <p>1 - 4 வயதுக்குட்பட்ட குழந்தைகள் பெரும்பாலும் பாதிக்கப்படுகின்றனர்.</p> <p>பெண்களை விட ஆண்கள் பெரும்பாலும் பாதிக்கப்படுகின்றனர்.</p> <p>அறிகுறிகள்</p> <p>நீர் வெப்பநிலை</p> <p>நரம்பியல் நிலை</p> <p>லேசான தாழ்வெப்பநிலை</p> <p>தமனி இரத்த வாயு அளவீடுகள்</p> <p>இருதய துடிப்பில் மாற்றம்</p> <p>சயனோசிஸ், இருமல்</p> <p>காய்ச்சல், நடுக்கம், மூச்சுத் திணறல்</p> <p>மேலாண்மை</p> <p>பாதிக்கப்பட்டவரை மீட்டு தண்ணீரிலிருந்து அகற்றவும் சி.பி.ஆர் உடனடியாக தொடங்குதல் மற்றும் அவசர கால செயல்பாட்டை செய்படுத்துதல்.</p> <p>வாயிலிருந்து சளி மற்றும் திரவங்களை அகற்ற குழந்தை வாயை திறந்து சுத்தம் செய்ய வேண்டும்.</p> <p>பாதிக்கப்பட்டவரின் தலையை 30சதவீதம் ஆக</p>	<p>கவனித்தல்</p>	<p>காணொளி</p> <p>உதவி</p> <p>மூலம்</p> <p>கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>உயர்த்துவது, உள்விழி அழுத்தத்தைக் குறைக்க உதவும்.</p> <p>முதுகெலும்பில் காயம் ஏற்பட்டு இருந்தால் இதனை செய்யக் கூடாது</p> <p>ஈரமான துணியை அகற்றி மிதமான துணியை அணியச் செய்யவும்</p> <p>நடுக்கம் தடுக்க போர்வைகளை வழங்கவும்</p> <p>தடுப்பு முறை</p> <p>குழந்தைகளை தண்ணீர் இருக்கும் இடத்தின் அருகில் தனியாக விளையாட அனுமதிக்கக் கூடாது.</p> <p>தண்ணீர் தொட்டிகளை சுற்றி வலை அமைத்து குழந்தைகளை பாதுகாக்க வேண்டும்.</p> <p>காக்கை வலிப்பு</p> <p>வரையறை</p> <p>நீண்டகால நோயாகும். நீபூரான்களிலிருந்து அசாதாரணமான தொடர்ச்சியான, அதிகப்படியான மற்றும் சுயமாக நிறுத்தப்படும் மின் வெளியேற்றத்தின் நீண்டகால கோளாறு.</p>	<p>கவனித்தல்</p>	<p>காணொளி</p> <p>உதவி</p> <p>மூலம்</p> <p>கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>காரணங்கள்</p> <p>நோய் தொற்று வயது 1 மரபணு மாற்றம் காய்ச்சல் நச்சுகள், காயங்கள்</p> <p>வலிப்பு தாக்குதலின் வகைகள்</p> <p>பகுதி வலிப்புத் தாக்கங்கள் பொது பகுதி வலிப்புத்தாக்கங்கள் கலப்பு வலிப்பு தாக்கங்கள்</p> <p>அறிகுறிகள்</p> <p>தொடர்ச்சியான தசைகள் சுருக்கம் அசாதாரண உணர்வு, மாயத்தோற்றம் பயம் அல்லது கோபம் ஏற்படுதல் இருதயத் துடிப்பு அதிகரித்தல் உணர்வு பலவீனமடைகிறது இரத்த அழுத்தம் குறைதல் சுயநினைவின்மை</p> <p>மேலாண்மை</p> <p>நோயாளியின் சுயநினைவை சரிபார்க்கவும். கழுத்தில் இறுக்கமாக உள்ள துணிகளை அகற்றவும்.</p>	<p>கவனித்தல்</p>	<p>காணொளி உதவி மூலம் கற்பித்தல்</p>	

நேரம்	குறிப்பிட்ட நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் மாணவர் செயல்பாடு	உதவி பொருட்கள்	மதிப்பீடுதல்
		<p>நோயாளியை சமநிலையில் படுக்க வைக்க வேண்டும். வாய் வழியாக எந்த ஒரு ஆகாரமும் கொடுக்க கூடாது. நோயாளியின் பற்களுக்கு இடையில் தடிமனான துணியைவைக்க வேண்டும்.</p> <p>அவ்வாறு செய்தால் பற்கள் உடைவதை தடுக்கலாம்.</p> <p>தனியாக நீச்சல் குளங்களில் விளையாடுவதை தவிர்க்கவும்</p> <p>சுருக்கம்</p> <p>இதுவரை நாம் என்னவென்றெல்லாம் பார்த்தோம் அறிமுகம், முதலுதவி, வரையறை முதலுதவி நிபுணர்களின் குணங்கள், முதலுதவி நோக்கங்கள், கொள்கைகள், பங்கு, கண், காது மூக்கு ஆகியவற்றில் உள்ள ஒவ்வாத பொருட்களை நீக்குதல் மற்றும் மேலாண்மை குறித்து இதுவரை விவாதித்தோம். காயங்கள், இரத்தப் போக்கு நீரில் முழுகுவது, நாய்கடித்தல், வலிப்புத்தாக்கங்கள் மற்றும் அதன் நிர்வாகங்கள்.</p>	கவனித்தல்	காணொளி உதவி மூலம் கற்பித்தல்	

REQUISITION LETTER TO MEDICAL GUIDE

From:

S.Vallikkannu,
M.Sc (N) II year,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

Through :

The Principal,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

To:

Dr.K.H.Salim. MBBS., D.Diab.,
The managing director,
Team specialty Hospital,
Pudukkottai,

Respected sir,

Sub : Requisition for content validity of the tool.

This is for your kind information I am Ms.Vallikkannu.S M.Sc (N) II year studying in our Karpaga Vinayaga college of Nursing, Pudukkottai. As a part of my requirements in M.Sc (N) Programme as per the Tamil Nadu Dr.M.G.R Medical University, Chennai specification. I have to complete a dissertation on the topic on **“A quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers working at selected schools, in Pudukkottai”**. Please kindly grant me permission to conduct the research study. Kindly do the needful.

Thanking you

Yours faithfully,

Date :

Place:

(S.Vallikkannu)

PERMISSION LETTER

From:

S.Vallikkannu,
M. Sc (N) II year,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

Through :

The Principal,
Karpaga Vinayaga College of Nursing,
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To:

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Thanking you

Yours faithfully,

Date :

Place:

(S.Vallikkannu)

LIST OF EXPERTS FOR CONTENT VALIDITY

- 1. Dr.K.H.Salim. M.B.B.S., D.Diab.,**
The Managing Director,
Team Specialty Hospital,
Pudukkottai,
- 2. Prof. Mrs. S. Sumithra M.Sc (N), M.Sc (Y), Ph.D.,**
Principal,
Karpaga Vinayaga College of Nursing,
Pudukkottai,
- 3. Prof. Mrs. R. Parasakthi M.Sc (N),**
Principal,
Dr.G.Sakunthala College of Nursing,
Tiruchirapalli.
- 4. Prof. Mrs. Sherene G.Edwin M.Sc (N),**
Principal,
Intra college of Nursing,
Trichy.
- 5. Prof. Mrs. N. Maheshwari RNRM, M.Sc(N),M.A,(SOC), MBA (H.S.M),Ph.D.,**
Department of Child Health Nursing,
College of Nursing,
Madurai Medical college,
Madurai.
- 6. Prof. Mrs. Gomathi M.Sc (N),**
Department of Child Health Nursing,
CSI Jeyaraj Annapackiam College of Nursing,
Madurai.

REQUISITION FOR CONTENT VALIDITY

From:

S.Vallikkannu,
M.Sc (N) II year,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

Through :

The Principal,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

To:

Respected sir / Madam

Sub: Requisition for content validity of the tool.

I am Ms.S.Vallikkannu M.Sc (N) II year student of Karpaga Vinayaga College of Nursing, Pudukkottai. As a part of my requirements in M.Sc (N) Programme as per the Tamil Nadu Dr.M.G.R. Medical University, specification. The topic I have selected is **“A quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers working at selected schools, in Pudukkottai”**. I am submitting my research tool for your valuable expert opinion. Kindly do the needful.

Thanking you

Yours faithfully

(S.Vallikkannu)

Encl:

- Certificate of content validity
- Chapter I,III& Tool for data collection

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

From:

S.Vallikkannu,
M.Sc (N) II year,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

To:

The Principal,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

Respected sir / Madam

Sub: Requisition Permission to conduct study regarding.

This is for your kind information that I am Ms.S.Vallikkannu M.Sc (N) II year student of Karpaga Vinayaga College of Nursing, Pudukkottai. As a part of my requirements in M.Sc (N) Programme as per The Tamil Nadu Dr.M.G.R. Medical University, Chennai. **“A quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge regarding selected first aid measures among primary teachers working at selected schools, in Pudukkottai”**. Now I would like to conduct my research study in your esteemed institution. Hence I request you to kindly grant me permission to conduct my research study in your institution. Kindly do the needful.

Thanking you

Date:

Yours faithfully

Place:

(S.Vallikkannu)

REFERENCES

APPENDICES