



First Aid and Hygiene Tips for Professionalization of Home Service

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Abstract

Home care in Africa is changing drastically; requiring that more trained and dedicated hands should be involved in this profession to ensure that individuals who need these services are given the best. The position of the present paper is that the knowledge of first aid and hygiene tips should be a pre-requisite for qualifying to practice home care services. Thus drawing from existing literature, the present article explores the descriptions of first aid, the need for professional home care services to receive and acquire the knowledge of first aid, some conditions that may require first aid, and various content of a good first aid box. It was concluded that every citizen starting from children in nursery schools should be trained in first aid and hygiene tips.

Introduction

Recent reports from international programs center, US Bureau of census projected the total population of the world to be at 6.4 billion (September, 2005 est). Currently the world's population growth rate stands at about 1.4% (2000 est). When this is applied to the world's population 6.4 billion (September, 2005 est) yields an annual increase of about 95.90 million people.

At the moment, Nigeria's growth rate is projected at 3.6% (Department of petroleum Resources DPR Nigeria 2005 est) annually. With this high population growth rate and applying the double time growth analysis, Nigeria's population will be expected to add 4,472,000 persons every year and in the next 27 years will be double its present population of over 120, million people. According to Oramah (2006) the result of this is depletion of available resources, human congestion, weather modification, high unemployment rate and environmental degradation

Relating this issue of high rate of Nigeria's population growth to my paper, it will require additional millions of "house helps" or "maids" to look after the newly born babies in the same homes some of which are already ridden with poverty, divorce cases, homes where both parents work and in some single parents. (Enemuo & Obidike, 2015).

In most homes in Nigeria today parents spend less time with their children than parents of previous generation, even where some have the time they prefer to delegate the care of their children to house helps or maids. This scenario therefore brings us to the issue of properly and adequately equipping these class of people we refer to as “house helps or maids” to efficiently cater for these up-coming millions of young Nigerian infants, by way of “Job creation and youth empowerment through professionalization of home care services (PHCS)”

This paper will particularly be narrowed down to giving first aid/hygiene tips to these home care providers. According to Enemu and Obidike (2013) often times most Nigeria children return from school to meet empty house or where they are compelled to remain with in-experienced young child (“house boy” or “maid”) (latchkey children) until their parents arrive from their places of work. In such circumstance the little “house boy” or “maid”, is supposed to be trained on how to handle certain inevitable home accidents that may occur in the absence of the adult parents of the home.

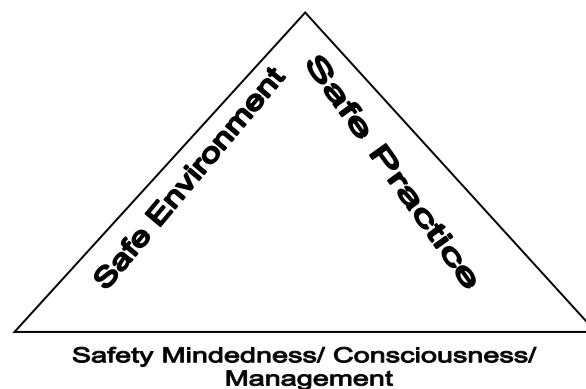
According to Eisenburger and Safar (1999) life supporting First-Aid (LSFA) should be part of the basic Health Education and all persons from the age of 10 years must learn LSFA-skills including Basic Life-support (BLS) and cardiopulmonary resuscitation (CPR). It is common knowledge that one of the barriers and main concern of laypersons (e.g. house helps or maids) about giving first aid to acute ill or injured child in their mist is the fear of making mistakes. According to Volker, Stefan, Hauer and Schrether, (2010) in their research work carried out in Austria, 68% of the participants of their study (N= 597) responded that they would not render first Aid to the injured because they feared to do something wrong. Several other studies show clear relationship between the level of first aid training and the quality of first aid measures provided in time of need. (Volker et. al 2010; Mauritz, Pelinka, Kaff, Shegall, Frdrich & Van de Velds, Heselmans, Roex, Vandekerckhove Remaekers, Aerigeer ts, 2009). This underlines therefore, the importance of first aid training for the public. In a similar vein, Van de Velde et. al (2009) averred that unfortunately first aid training does not increase the rate of helping in times of need, therefore motivation to help others is paramount and the helping rate can probably be increased by first aid courses that will include strategies to overcome inhibitors of emergency helping behaviour. There are so many examples of children who have provided first aid measures or saved lives by recognizing life threatening emergency situations in the media. In a number of cases small children have saved their parent’s life at home just by giving an emergency call and informing the emergency medical services (EMS) or the Fire Service Department (FSD). In a recent case from Germany, a four year old girl saved the life of her 31 year old mother, who suffered from hypoglycaemia, by calling for help at night time (T-



online: Vierjahn rige rettet threr mutter das Leben (accessed 28.08.2010). This case therefore illustrates that a young (house “help”, “maid” can be the only person present in case of an emergency and that first aid education therefore should start as early as feasible. Other several authors have documented that school children can learn and provide first aid and supporting life aid measures, and hence have advocated that primary school children should learn first aid in school.

In another study carried out by Bollig, Wahi and Srendsen (2009) demonstrated that 6-7 year old children can give basic first aid to an unconscious victim and that first aid course with 5 lessons leads to a significant increase in both first aid knowledge and skills. The conclusion from the study was that primary school children should receive first aid training in the first grade. Hence due to the delicate nature of the lives of tender-aged children usually left in the care of “house helps” or “maids”, professional first aid preparation need to be given to them especially in this ever changing, challenging and complex world we now live in.

In addition to training, these caregivers or children generally as has been advocated, it is equally important to inculcate in them safety consciousness. According to Agwubuike (2015) safety is one of the most important human concerns and could be likened to an equilateral triangle. The sides of which are, safe environment, and safe practices, resting on a solid base of efficient safety mindedness and consciousness and management.



Furthermore, theories of social psychology, postulates a causal relationship between attitude and behavior Harvaey, Bolam, Gregory and Erdos (2001) strongly aver that this theoretical connection applies to Occupational Health And Safety (OHS). Earlier, DeJoy (1994) in a related study identified a significant correlation between safety attitude and accident rates. Similarly, Lingard (2007) in a research first aid and occupational health and safety: The case for an

integrated training approach, found out that first aid training should be designed to encourage people to think about occupational risks and safety (OHS) which also supports the essence of this paper.

In another study by Bollig (2011) on the “effects of first aid training in the kindergarten- pilot study- NCBI”, averred based on the result of their study that 4-5year old children are able to learn and apply basic first aid. Their study was a mixed approach using both quantitative and qualitative methods to investigate the effects of teaching first aid in the kindergarten. They used 10 kindergarten children aged 4-5 years made up of 5 girls and 5 boys. Three of them were four years and the rest seven were five years old. After two months of their completion of the first aid course, the children were tested in a scenario where they had to provide first aid to an unconscious victim of motorcycle accident and the children were able to apply the needed basic first aid assistance to the unconscious victim. In the next seven months, the children were followed up by what is called participant observation.

The result revealed that 4-5 year old children are able to learn and apply the basic first aid. When tested after another two months, 70% of the children were able to assess unconsciousness correctly and knew the correct emergency telephone number to dial for help; 60% showed correct assessment of breathing while 40% of the participants were able to accomplish tasks such as giving correct emergency call information, knowledge of correct recovery position of a victim, correct airway management in first aid. Hence, they concluded that teaching first aid to the children equally lead to more active helping behavior and increased empathy in the children.

The First Aid and Hygiene Tips for Professional Homecare Services (PHCS)

Professionalism as the word implies requires a special body of knowledge, autonomy, emphasis on decision making and reflection as well as ethnic standards for conduct (Neiville, Sherman & Cohen 2005). Professionals therefore have the authority to make decisions based on their specialized knowledge (in this case first aid). These children or infants usually entrusted in the care of house helps/maids at such critical stages of their lives are vulnerable and cannot articulate their own rights or needs, hence these care givers have compelling need and responsibilities to know about the tenets of first aid and the guidelines of how to handle emergency situations in the absence of the adult parents. Competences are essential part of comprehensive professional development system. Hence, competency in first aid will make these house helps or maids recognize the importance of being courageous, motivated, ready at all times to render all necessary and required first aid assistance to a child in the absence of the adult parents.



First Aid

First aid may be described as the initial assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery. It includes all the initial interventions due to be given an injured or ill person prior to professional medical help being available, such as performing Cardio Respiratory Resuscitation (CPR).

Furthermore, first aid could also be defined as the emergency treatment of illness or injury (without the use of drugs) in order to maintain life, to ease pain and to prevent deterioration of the patient's condition, until professional medical help can be obtained.

There are so many situations which may require first aid, and many countries of the world have legislation, regulations, or guidelines, specifying a minimum level of first aid to be provided in any given circumstance.

First aid often times requires or involves improvisation e.g using pieces of clean cloths as bandage and using blanket as stretcher.

Discipline in First Aid Training

- **Aquatic (Marine) First Aid:** The type of first aid provided by professionals such as life guards in swimming pools professional mariners or divers, they handle every water-based rescue operations.
- **Battle Field First Aid:** These class of first aiders handle treatment of wounded or injured soldiers in the battle field or war front, during conflicts/wars.
- **Oxygen first aid:** These class of first aiders provide oxygen to casualties who may have suffered from conditions resulting to hypoxia (lack of oxygen).
- **Hyperbaric first aid:** Is the type of first aid given by CUBA diving professionals.
- **Wilderness First Aid:** These are category of first aiders trained to provide first aid to the injured or casualty under conditions where the arrival of emergency providers or the evacuation of the injured person may be delayed due to constraint of terrain, weather or lack of equipment or facilities. This may therefore require to care for the injured for hours or even days.
- **Mental health First Aid:** This is the type of physical first aid given to support someone experiencing a mental health problem or in crisis situation (De Buck 2015).

Conditions that require First Aid

Since children or the “house helps” or “maids” may be the only persons at home during an emergency situation, it may be pertinent to list some of the conditions that often require first aid which they can handle if given proper first aid training:

- Cramps in muscles, due to accumulation of lactic acid or inadequate oxygenation of muscles or lack of water or salt in the affected part of the body.
- Burns, this can result in damage to the tissues and loss of body fluid through the burn site.
- Heavy bleeding due to deep cut by a sharp object, which is to be handled by applying pressure (manually and later with a pressure bandage) slightly above the wounds site and elevating the limb if possible to prevent or reduce forceful down flow of more blood through the open wound.
- Muscle Strain and sprains, these are temporary dislocation of joints
- Stroke, a temporary loss of blood supply to the brain.
- Wounds and bleeding, including lacerations, incisions and abrasions, gastrointestinal bleeding avulsions and sucking chest wounds, which is treated with an occlusive dressing to let air out but not in.
- Toothache, which can result to severe pain and loss of the tooth but is rarely life threatening, unless over time the infections spreads into the bone of the jaw and starts osteomyelitis
- Seizures or a malfunction in the electrical activity in the brain. There are three types of seizures the grand mal type of seizure –which usually features convulsions as well as temporary respiratory abnormalities, and change in skin complexion. Petit Mal Seizure- this is usually accompanied by twitching, features rapid blinking of the eye. Thirdly Occasionally fidgeting as well as altered consciousness and temporary abnormalities of sense of reasoning.
- Insect and animal bites and stings e.g. black ants stings, bee and wasp stings, scorpion stings and snake/dog bites.
- Poisoning: This can occur by injection, inhalation, absorption or ingestion of poisonous chemical.
- Joint dislocation and fracture- Any of these could be caused by either a fatal or hard hit with a heavy object.

First Aid Kit

Since accidents may occur or happen at any place or location, home, office, school, laboratories, factories, or industrial set ups, during festive activities sporting arena and markets, all of which will require immediate first aid before

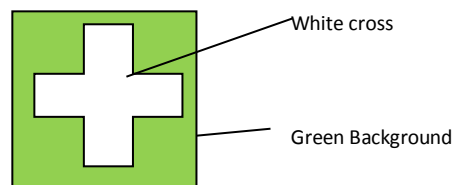


the victim is taken to a doctor, therefore it is very necessary that first aid kit should be part of the furniture's or accessories that must be in all these places afore mentioned or listed.

Preparation of the First Aid Kit

Even though professional first aid kits are available in the pharmacy shops and superstores, yet one can easily improvise a simple first aid kit for a sizable home, this however does not rule out purchasing the ready-made first aid kits, boxes/pouches/cases as could be affordable.

In order to make an improvised first aid kit, it is recommended that a durable bag, transparent plastic box should be procured, with the drawing of a white cross on a green square background



Placed on both sides and on top of the container, in order to make for easy identification by any first aider. The first aid kit should be kept within easy reach of any user.

According to Pearn (1994) a first aid kit should contain the following items.

- First aid manual of different sizes
- Adhesive bandages
- Elastic (creep bandages)
- A sphint
- Anticeptic wipes
- Anticeptic soap
- Antibiotic ointment
- Antiseptic solution (like hydrogen peroxide or saline)
- Hydrocortisone cream (1%)
- Tweezers
- Sharp scissors
- Safety pins
- Disposable instant cold packs
- Calamine lotion
- Alcohol wipes or ethyl alcohol

- Thermometer
 - Tooth preservation kit
 - Plastic non-latex gloves (at least 2)
 - Flashlight and extra batteries
 - Thermal shock blanket
 - Blanket
- First Aid Card containing emergency personal information, phone numbers of health care providers and emergency service agencies, like fire service, first aid nearby office and security agencies.

First Aid Training

Safety courses should also be in-cooperated with the training of the professional home care givers. They need to be instructed on how to perform their job (tasks) in a safe and protective fashion, to protect themselves and the infant placed under their care, from risk of injuries, exposure to cold, heat or any type of infections. Such safety courses should include wearing of protective dresses regular hand washings before handling the baby's food, and after using the toilet. Specific guidelines when lifting heavy loads. From primary school children should be taught safety education consisting of fire drills, tornado drills, building collapse safety drills and school lockdown procedures. Such courses should begin in elementary school and repeated throughout junior and senior secondary school levels. These "house helps" or "maids" need to be trained on how to deal with injuries like cuts, bruises or bone fractures. They could deal with the situation in its entirety using (an adhesive bandage on a paper cut) or may be trained on how to maintain the condition of any injured part of the human body, for example in the case of a fracture, until the next stage of definitive care or the arrival of an ambulance. Basics principles such as knowing how to use an adhesive bandage or applying direct pressure on a bleeding leg or arm, which will require applying pressure slightly above the site of the bleeding to stop blood from oozing out. First aid training is generally provided by attending courses that will typically lead to certification. However due to regular change in procedures and protocols based on updated clinical knowledge advancement and to acquire current skills needed in first aid, refresher courses and re-certification is necessary (De Buck 2015). First aid training is often available through community organizations such as the Red Cross and St John Ambulance, International Red Cross and Red Crescent, or through commercial providers, who will train people for a fee. This type of commercial training is most common for training of employees in an establishment to perform first aid in their work places. Many of such training are carried out by community organizations, in order to provide complementary community services.



Conclusion

First aid training of home care givers "house helps" "maids" as a way of job creation and youth empowerment is feasible and would lead to increased knowledge, skills and most importantly, motivate these class of people in our society to provide needed assistance to their fellow children in play situations and everyday life. First aid training have important implications for job creation and youth empowerment through professionalization of home care services, as it is a way of ensuring safety in the homes when the adults (parents) are away to their work places. It is equally a necessity as it provides children the necessary first aid skills to treat injuries and illness during emergencies. First aid training should be viewed as a vital component of the task of home care services generally. The purpose of first aid therefore is to provide assistance to any victim of accident or sudden illness, in order to prevent the condition from getting worse before the arrival of qualified medical expert. Stability in the homes has great implications to the productivity and performances of the entire Nigeria adult work-force, especially as it pertains to the females. In the developed parts of the world, policy attention is being directed to the issue of laypersons as important factor for saving lives in emergency situations; hence they have since adopted basic first aid as part of health education curricula for their schools even from kindergarten.

This article is also suggesting that every individual should have knowledge of first aid application. Therefore, the educationists and policy makers may emphasize inclusion of teaching and training the children in first aid and safety education in schools beginning from nursery schools, for a safer and healthier society tomorrow.

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Biography

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