Basic Life Support Initiative Program

Linda Pietras
Mercyhurst University

Author Note

This paper was prepared for Nurse 400: Health Promotion and Risk Prevention, taught by Mrs. Kiskadden, (November 8, 2016).
Basic Life Support Initiative Program

Children injury prevention is a major concern for health care professionals. Unintentional injuries are one of the top three causes of death for children. It was reported by the World Health Organization that over 800,000 children, under the age of 18, worldwide die from unintentional injuries each year (World Report, 2008). Also, Rosales and Allen (2012) reported that the Center of Disease Control stated, “between the years 2000 and 2009, unintentional injuries were the leading cause of death for children” aged 1 through 7 years old (p. 73). The most recent literature suggest that childhood injuries are related to social inequalities, low income families, parental supervision and primary caregivers view and understanding of safety risk to children (Rosales & Allen, 2012, p.73). Additional factors that play a major role in childhood injuries are suggested by Khanom, Hill, Morgan, Rapport and Lyons (2013), include: “younger mothers, changing developmental stage of the child, socio-economic deprivation, inadequate use of safety equipment by parents or caregivers, and the presence of siblings” (p. 1). Caregiver’s views that their own children will not get hurt is a major concern for the welfare of children. Brown, Roberts, Mayes & Boles suggested, “[that] parents may possess an optimism bias that leads them to believe that the chances of experiencing undesired events, such as physical harm, are less for their children than for other children” (as cited in Rosales & Allen, 2012, p. 74). It is the intention of this program to decrease optimism bias, increase awareness and skill level of basic life support, therefore decreasing the number of childhood injuries resulting in death worldwide.

The goal of this Basic Life Support Initiative Program (BLSIP) is to increase the awareness of the need for and the availability of training for Basic Life Support to primary caregivers of pediatric patients ages birth to 18 years of age. BLSIP has three main objectives: (1) to educate primary caregivers of pediatric patients about the risk of childhood injuries and preventive measures to decrease the risk of early death by knowledge of basic life support, (2) to increase the awareness of available resources offering basic life support classes and, (3) to increase the comfort level of parent involvement in basic
life support procedures. BLSIP’s expected outcome is to increase the number of primary caregivers who have attended basic life support classes by 10%, evaluated at one year after initial consent of program.

The BSIP will work with Pediatric Primary Care Physician offices. We have developed surveys to assess the knowledge and need for primary care givers to complete during routine pediatrician visits. Caregivers will sign a consent form to participate in the BLSIP follow up program. Staff from the BLSIP will collect surveys and consent forms from the pediatrician’s primary care offices. Caregivers will then receive follow up phone calls at 2 weeks post pediatric office visit, 3, 6, 9 months and one year follow up. Follow up phone calls are intended to educate primary caregivers about initiative program and to offer available resources of classes offered in their community.

The anticipated budget projected will be $500,000 provided by state grants and federal funding. Kohl’s has agreed to partnership with BLSIP health promotion initiative by contributing $100,000. Funds will be used to purchase materials for handouts, flyers, questionnaires, consent forms and posters to display in physician offices. Kohl’s has also agreed to match the cost of enrollment fee of Basic Life Support classes by giving each recipient that has completed BLS class, with proof of completion, the equivalent value in Kohl’s cash. To reach a wider diversity of caregivers, Kohl’s has agreed to place flyers of BLSIP at checkouts in local community stores.

Promotional materials to spread the word of this program will begin in the physician’s office. Posters will display statistics of childhood injuries that result in death, emphasizing the benefits of knowledge of basic life support and available resources in the community where classes are offered. Kohl’s partnership will display flyers in local community stores. BLSIP educational material will also be offered at local health fairs in communities and schools. BLSIP is estimated to begin in March 2017 with supported funding meet. Follow up phone calls, with signed consent, will then begin at 2 weeks post initial pediatrician office visit, then 3, 6, 9 months and at one-year mark.
To measure the effectiveness and participation of the BLSIP, follow up phone calls will address caregiver’s knowledge of the risk of childhood injuries and preventive measures to decrease the likelihood of early death by participating in community basic life support classes. Information will be provided to caregivers of available resources of where to obtain classes. Those who have attended classes will be assessed on their comfort level of anticipated involvement in BLS procedures. The anticipated outcome of BSLIP is to have 10% participation of caregiver complete a basic life support class by one year follow up.
References


http://www.who.int/violence_injury_prevention/child/injury/world_report/Main_messages_english.pdf?ua=1