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Forewords

Praise and gratitude to Allah SWT, because of Allah's love for us so that we are still given a long life and can carry out our various daily activities. May all our activities become our acts of worship, Aamiinnn

in accordance with the commitment of the Jurnal Serambi Ilmu Journal to continue to improve the quality of its manuscripts since the volume 22 number 1 has been published full in English.

We are also be proud that the number of submitted manuscripts is quite large, but only a few are acceptable and worthy of publication. This means that Jurnal Serambi Ilmu has become one of the scientific publications that are considered by experts and education enthusiasts.

For this reason, Jurnal Serambi Ilmu is committed to continuing to maintain the quality, service and discipline that applies in scientific publications.

September 30, 2021

Editor in chief,

Dr. Abubakar, M. Si

Indexing By :

Simple Triage and Rapid Treatment (START) Health Education Method To Preparedness Nurse of Public Health Center (Puskesmas)

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Abstract

Limited human resources turn triage into an unavoidable solution in disaster management. Simple Triage and Rapid Treatment (START) is a triage method that is widely accepted and easy to use to handle disasters with a time of 30 seconds or less based on three primary examinations such as respiration, checking the radial pulse, mental status. This study aims to identify differences in the preparedness of nurses at the Puskesmas at Kaki Gunung Burni Telong Kabupaten Bener Meriah Regency before and after the health education method intervention (START). The data sources for this study were the nurses of the puskesmas at Kaki Gunung Burni Telong Kabupaten Bener Meriah totaling 20 people. The research design used a quasi-experiment "Quasy experiment". Data was collected using a questionnaire, then for nurses were given the Health Education intervention (START). The results showed that the average knowledge and attitudes of puskesmas nurses before and after health education intervention (START) had increased in dealing with disasters, but there were significant differences in nurses' knowledge in handling disasters with unequal distribution.

Keywords: triage, preparedness, nurses, START

INTRODUCTION

Disaster according to Law No. 24 of 2007 is an event or series of events that threaten and disrupt family life and livelihoods caused by natural factors, non-natural factors and human factors, resulting in human casualties, environmental damage, loss of property and psychological impact. Natural disasters are disasters caused by events or a series of events caused by nature, in the form as earthquakes, tsunamis, volcanic eruptions, floods, droughts, hurricanes, and landslides. (BNPB, 2018)

Burni Telong is a mountain located in Bener Meriah Regency and has a height of 2624 mdpl, which is located at coordinates 4 degrees 38'47"- 4 degrees 88'32" LU and 96 degrees 44'42"- 96 degrees 55'03" East Longitude (Directorate of Volcanology and Geological Hazard Mitigation, 2014). Burni Telong is an active volcano and once

erupted on December 7, 1924 causing great damage to the surrounding environment including agricultural land and villages. Mount Burni Telong is located at an altitude of 2624 meters above sea level (Gemasih et al, 2017).

Preparedness is a form of action that governments, organizations, communities are able to respond to a disaster situation appropriately. Included in the actions included in the preparation of disaster management plans, maintenance of resources and personal training. Preparedness is a form of prevention in dealing with disasters (Sopaheluwakan, 2006).

Limited knowledge of human resources turn triage into an unavoidable solution in disaster management (Pouraghaei et al, 2017). Simple Triage and Rapid Treatment (START) is a triage method that is widely accepted and easy to use to handle disasters with a time of 30 seconds or less based on three primary examinations such as respiration, checking the radial pulse, and mental status (Kartikawati.N, 2012).

Triase

Triage is an important function in the emergency unit, where many patients come at the same time. The purpose of systematic triage is to identify patients with life-threatening conditions, ensure clinical treatment, and appropriate and timely treatment (Lampi, 2018).

START is a method that has been developed on the premise that triage should be accurate, rapid and universal. This method uses 4 types of observations, namely being able to walk, breathe, blood circulation and level of consciousness (Disaster Nursing Forum, 2009). The triage method commonly used is START.

The START method is used for first aid in patients with a classification time of 30 seconds or less based on three primary examinations such as respiration, perfusion (checking the radial pulse) and mental status (Kartikawati ND, 2011). explained that the START system does not have to be performed by a highly skilled health care provider. In fact, it can be carried out by providers with a level of first aid. The goal is to quickly identify individuals in need of treatment, the time required to triage each victim is less than 60 seconds. START divides the victims into 4 groups and each assigns a color group.

Color coded marking methods for categorizing disaster victims in the field have been adopted almost universally and incorporated into existing triage systems are: 1. Red Triage Tag (“Immediately” or T1 or Priority 1): Patients whose lives are in immediate danger and in need immediate treatment; 2. Yellow Triage Tag ("Delayed" or T2 or Priority 2): Patients whose lives are not in immediate danger and will require urgent, not immediate, medical care; 3. Green Triage Tag (“Minimum” or T3 or Priority 3): Patients with minor injuries who ultimately require treatment; 4. Black Triage Tag (“Expectant” or No Priority): Patients who died or were so badly injured that they could not be saved with limited resources (Kennedy K, 1992).

Preparedness

Law No. 24 of 2007 concerning Disaster Management states that Preparedness is a series of activities carried out to anticipate disasters through organization and through appropriate and efficient steps. Dalimunthe's previous research (2011) stated that preparedness is a form of when a disaster will occur and if a disaster is still imminent, then the best step is to be aware of the risks that will occur, such as establishing a place to live far from areas that are prone to flooding.

Table 1
Individual and Household Preparedness in Anticipating Natural Disasters according to LIPI-UNESCO/ISDR

Parameter	Variabel	Indicator
Knowledge and Attitude	Knowledge: • Natural events and disasters (type, source, magnitude, location) • Physical vulnerability (location, condition of critical facilities, building standards)	a. State the meaning of natural disasters, the types of natural events that cause disasters, the causes, characteristics and rescue actions when a disaster occurs. b. State the characteristics of earthquake and tsunami resistant buildings.
	Attitude towards disaster risk	Family motivation for preparedness in anticipating natural events that cause disasters.
Kebijakan	Family policy for disaster preparedness	• Family agreement on the place of evacuation in an emergency situation. • Family agreement to conduct and participate in evacuation simulation
	Family plans for responding to emergencies	• There is a rescue plan (who does what) in case of an emergency. • There are family members who know what to do for evacuation.
	Evacuation Plan	• Availability of maps, places, family evacuation routes, family gathering places. • The existence of family/friends who provide temporary shelter in an emergency.
Emergency Response Plan	First aid, rescue, safety and security	• Availability of first aid kits. • There is an effort to save and save the family. • There are family members participating in evacuation drills and skills. • Access to emergency response.
	Fulfillment of basic needs	• Availability of basic needs for emergency activities. • Availability of communication tools. • Availability of lighting equipment.
	Equipment and supplies	• Availability of bags and disaster preparedness equipment.
	Important facilities	• Availability of address/No. Call the hospital, fire department, etc. • Access to essential facilities
Disaster Warning System	Practice rehearsals and simulations	• Availability of access to education and disaster preparedness materials. • Exercise frequency.

	Local Traditional	• Availability of sources of information for both traditional and local disaster warnings.
	Technology	• Availability of technology-based information sources.
	Dissemination of warnings and mechanisms	• Access to disaster warning information.
	Practice and simulation	• Exercise frequency.
Resource Mobilization	Human Resources	• Human resource involvement in disaster preparedness workshops/seminars.
	Technical guidance and material provision	• Availability of disaster preparedness materials. • Existence of skills related to disaster preparedness.
	Funding	• There is an allocation of disaster preparedness funds.
	Monitoring and evaluation (Monev)	• Agreement to conduct simulations.

(Source : Ruli As'ari, 2006)

Knowledge and Attitude

Knowledge is a human sense and a person's knowledge of objects through his senses such as eyes, nose, ears, and so on. A person's knowledge is obtained mostly through the sense of sight (eyes) and the sense of hearing/ears (Notoatmodjo, 2010). Knowledge is everything that is known related to the learning process. The learning process is influenced by various external factors in the form of available information facilities and socio-cultural conditions (Notoadmojo, 2010).

Attitude is the secretion or response of a person who is still closed to a form of evaluation or object (Notoatmodjo, 2010). Attitude is an object is a feeling of support or impartiality, specifically he formulated attitude as a degree of positive or negative effect on a subsequent behavior (Notoatmodjo, 2010).

Attitude is something that is obtained through experience and will have a direct influence on subsequent behavior, the direct influence is in the form of a predisposition to behavior that will be realized only under conditions that allow it (Notoatmodjo, 2010).

Attitudes are formed from the social interactions experienced by individuals in social interactions, there are several factors that influence the formation of attitudes, namely: personal experience, the influence of other people who are considered important, cultural influences, mass media, educational institutions, and emotional influences. Attitude clearly shows the connotation of a suitable reaction to social stimulation. Newcomb said that attitude is the implementation of certain motives. Attitude is not yet an action or activity, but is a predisposition (Azwar, 2002).

Attitudes have characteristics, namely attitudes are not brought from birth, can change because attitudes can be learned, cannot stand alone, are one particular thing, have aspects of motivation and feelings. It is this attitude that distinguishes people's knowledge attitudes (Purwanto, 2003). So according to the researcher, attitude is a response of someone who is still closed to a form of evaluation or object that is formed by social interaction and the formation of attitudes such as personal experience, the

influence of other people who are considered important, cultural influences, mass media, educational institutions, and emotional influences.

RESEARCH METHODS

This research design uses a quasi-experimental "Quasy experiment" which is experimental research carried out in only one group called the experimental group which is carried out without a comparison group or control group (Arikunto, 2016). The research design used was "One group pre and post test design". The sample was given health education treatment with a demonstration of the START health education method.

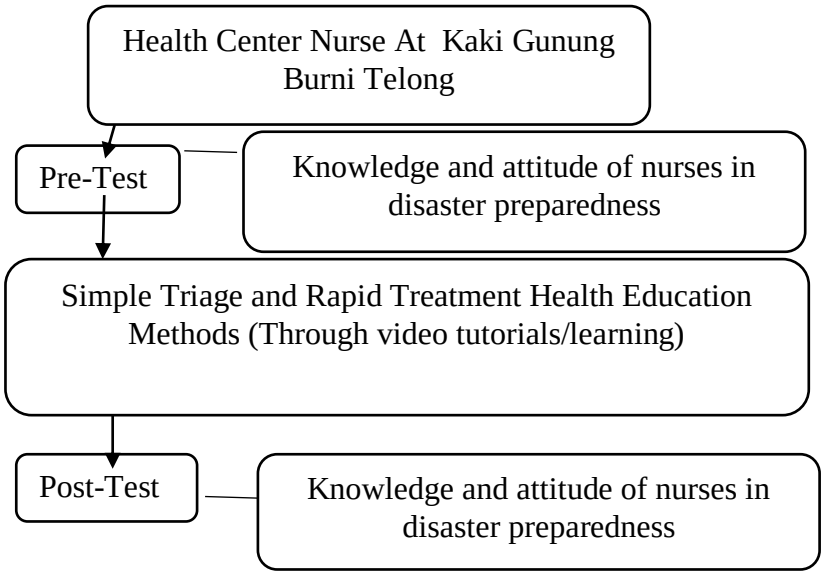
This study aims to determine the effectiveness of the application of health education on the knowledge and preparedness of nurses at the puskesmas located at the foot of Mount Burni Telong. The design is described as follows;

Table 2 Research Design

	Pre Test	Treatment	Post test
Experimental Group	(01)	X	(02)

Notes : (01) : Measurements before the experiment. X : Experiment
(02) : Measurement after the experiment.

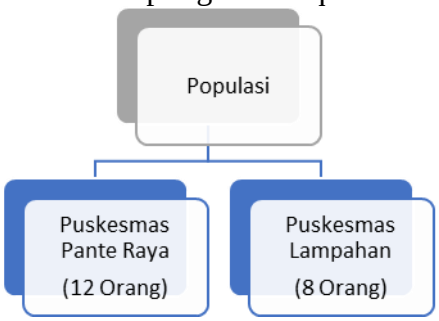
Figure 1
Research Concept Framework



Population and Sample

The population used as subjects in this study were all nurses, totaling 20 people who were tasked with providing services in the IGD Puskesmas which was under the foot of the volcano at Burni Telong Kabupaten Bener Meriah namely the Pante Raya Health Center and the Lampahan Health Center.

Figure 2
Sampling Technique



Research Instruments

The research instrument used was a questionnaire. Questionnaires were used with structured questions to collect data about nurses ' knowledge and attitudes in triage START method . The questionnaire sheet consists of filling in the respondent's biodata, a knowledge questionnaire with a total of 10 questions and an attitude questionnaire in the form of questions that are answered by checking the answers in a column of 10 items.

Data collection technique

Data collection in this study was carried out 2 times, namely before and after the START health education intervention. The intervention activities in this study involved resource persons, namely the head of the Bener Meriah PPNI, the Bener Meriah Disaster Risk Reduction Team, BTCLS Training Certified Nurses and the Head of Pskesmas Pante Raya.

RESEARCH RESULTS AND DISCUSSION

Research result

The research data collection was carried out from 23 to 27 November 2020 on 20 puskesmas nurses at the foot of Mount Burni Telong, Bener Meriah Regency. Collecting data using a questionnaire to measure the knowledge and attitudes of nurses about disaster preparedness. Furthermore, the nurses were given the START Health Education intervention. The results of data collection were analyzed by univariate and bivariate. The results can be seen as follows:

Univariate analysis used descriptive statistics, namely frequency distribution and central tendency (mean). The results of data analysis showed that the average age of nurses was 35.7, the number of trainings that had been attended was 0.40 times and experience in disaster management was 0.95 times. To see the level of distribution of the two variables, namely knowledge and attitudes, we can consider the following table:

Table 1
Data Normality Test Results

No	Variabel	Kolmogorov-Smirnov Test	Information
1	Pre test knowledge	0,000	Not normally distributed
2	Post test knowledge	0,028	Not normally distributed
3	Pre-test attitude	0,200	Normal distribution
4	Post test attitude	0,018	Not normally distributed

Primary Data, analyzed December 2020

Based on table 1, it is known that the results of the data normality test show that of the 4 variables tested, only 1 variable has a normal distribution, namely the nurse attitude pretest (Sig. 0.200 > 0.05). While the other 3 variables were not normally distributed, so that further statistical analysis used non-parametric tests.

Table 2
Differences in Knowledge of Health Center Nurses Before and After Intervention START Health Education in Facing Disaster at Kaki Gunung Burni Telong

No	Measurement	Mean	Mean Different	P-Value
1	Pre test	8,00	0,85	0,011
2	Post test	8,85		

Primary Data, analyzed December 2020

Based on table 2, it is known that the average score of nurses' knowledge in dealing with disasters before intervention is 8.00. After being given the intervention, the average score of nurses' knowledge was 8.85. Based on these results, it is known that there is an increase in the nurse's knowledge score of 0.85. The results of the hypothesis test obtained a P-value of 0.011, <0.05, so that Ho was rejected, which means that there was a difference in the knowledge of nurses before and after the START health education intervention.

Table 3
Differences in Attitudes of Puskesmas Nurses Before and After the START Health Education Intervention in Facing Disaster at Kaki Gunung Burni Telong

No	Measurement	Mean	Mean Different	P-Value
1	Pre test	8,85	27,05	0,002
2	Post test	35,90		

Primary Data, analyzed December 2020

Based on table 3, it is known that the average score of nurses' attitudes in dealing with disasters before intervention is 8.85. After being given the intervention, the

average score of nurses' attitudes was 35.90. Based on these results, it is known that there is an increase in the nurse's attitude score of 27.05. The results of the hypothesis test obtained a P-value of 0.002, <0.05, so Ho is rejected, which means that there are differences in nurses' attitudes before and after the START health education intervention.

DISCUSSION

Differences in Knowledge of Puskesmas Nurses Before and After the START Health Education Intervention in Facing Disasters at Kaki Gunung Burni Telong

The results showed that the average score of nurses' knowledge in dealing with disasters before intervention was 8.00. After being given the intervention, the average score of nurses' knowledge was 8.85. Based on these results, it is known that there is an increase in the nurse's knowledge score of 0.85 after being given the intervention. The results of statistical tests showed that there was a significant difference in nurses' knowledge between before and after the START health education intervention.

The results of this study are in line with research conducted by Abrory, et al (2016) which showed that the START Health education method was effective for knowledge and volcanic disaster preparedness in Rowosari Village, Sumber Jambe District. Likewise, research conducted by Mais, et al (2015) showed that the level of student preparedness increased after being given counseling. There is a significant effect of volcanic hazard counseling on the preparedness of students of SMP Kristen Tomohon in the face of volcanic disasters.

START in pre-hospital is a method as a first aider in charge of selecting patients for victims of mass disasters or disasters with a time of 30 seconds or less based on three primary examinations such as respiration, perusi (checking the radial pulse), and mental status. One of the preventions in disaster management is by providing training to cadres, community leaders and health workers (Kartikawati, 2011).

The use of START triage method is recommended in mass disasters with the number of victims reaching hundreds of people, where the availability of the number of helpers in dealing with disasters is minimal, so the ability of volunteers to be able to perform triage is very important. The START method is very easy to do even by ordinary people (Kartikawati, 2011).

The difference in the value of knowledge between before and after the START health education intervention occurs because it is influenced by several factors, one of which is a person's level of education. Based on the results of the study showed that the number of nurses with DIII education level were 12 people (60%) and S1 were 8 people (40%). This shows that there is an increase in the knowledge of nurses after START health education because the highest percentage of nurse education is D-III. Higher education causes them to easily accept the information provided, moreover the information conveyed is related to health. Education affects the learning process where the higher a person's education, the easier it will be for that person to receive information (Notoatmodjo, 2012).

The existence of these differences can also be influenced by the age factor, where the older a person gets, the more information he finds, easier to understand and the more things that have been done so as to increase his knowledge (Notoatmodjo, 2012). This is also in accordance with the results of the study which showed that the average age of nurses was 35.7 years.

The researcher assumes that the difference in knowledge before and after being given health education about START on preparedness increases because the health education provided can provide a new cognitive foundation for the respondents. In addition, respondents who have attended training and have experience in disaster management are a factor in increasing knowledge because being given health education reminds them of disaster management knowledge.

Differences in Attitudes of Health Center Nurses Before and After the START Health Education Intervention in Facing Disaster at Kaki Gunung Burni Telong

The results also showed that the average score of nurses' attitudes in dealing with disasters prior to intervention was 8.85. After being given the intervention, the average score of nurses' attitudes was 35.90. Based on these results, it is known that there is an increase in the nurse's attitude score of 27.05. The results of statistical tests showed that there were significant differences in nurses' attitudes before and after the START health education intervention.

Preparedness is a form of prevention in dealing with disasters. Preparedness in the face of any disaster is a response or effort to provide protection for oneself and the environment, both materially and non-materially.

The unpreparedness and level of preparedness is related to a number of factors, including knowledge, attitudes, early warning systems, employment and education. Some of the proposed strategies that might be done to improve the preparedness of an individual or community in the study area are to focus on activities to reduce risk before a volcanic eruption, empowering communities as subjects not objects in disaster management, and documenting local wisdom through local content in school education curriculum. (Izzati, 2014).

Nurses are also expected to be able to increase public knowledge through health education and disaster training so that preparedness behavior will increase and can take fast and appropriate action to reduce disaster risk and minimize the number of victims.

The preparedness phase is implemented, one of which is education or counseling as well as training with education and socialization about disasters and rescue actions so that health workers and the public will be aware, ready and aware of the steps for disaster protection measures that can be taken quickly and precisely to reduce disaster risk. taking into account human resources, the probability of life, and minimizing the level of risk of vulnerability to the occurrence of many victims (Aryono, 2016). This is also in accordance with the objectives to prepare for all disasters, reduce losses, increase awareness and protect all levels of society (Djajaningrat, 2010).

Triage is a way of sorting and determining victims based on therapy needs and available resources. The triage system that is often used and easy to apply is using the START method, which is sorted using red color indicating the highest priority, namely the victim whose life is threatened if he does not get first aid immediately. Yellow is a

high priority, namely emergency and moderate victims. The green color is an emergency victim but not an emergency even though the condition is in an emergency but can be delayed for a while. Then the last color is black, the victim is in a lifeless condition (Ramsi, et al, 2014).

Personal experience is one of the factors that can influence a person's attitude (Azwar, 2015). Someone who has been given health education will have knowledge which will then change a person's attitude in acting. Thus, it can be said that someone who has good knowledge will have better preparedness attitudes and practices. The formation of a person's attitude is a combination of internal factors such as physiological conditions, emotions, motives, interests, and other psychological aspects, as well as guidance from external factors such as experiences, situations, norms, barriers or drivers contained in each individual or society, so that it can enable that the attitude has not changed because it was previously formed by these two factors (Mubarak, Chayatin, & Rozikin, 2007).

Thus, the importance of providing counseling and education on triage management on the start method is very effective in increasing the knowledge and preparedness of the puskesmas nurses at the foot of Mount Burni Telong, Bener Meriah Regency in dealing with disasters, especially in grouping disaster victims. Health services must also be able to sort or select patients through triage. This is important because in addition to avoiding a surge in patients from the limited capacity of hospitals and medical personnel.

CONCLUSION

Based on the results of data analysis and discussion above, several conclusions can be drawn in accordance with the research objectives, namely: There was an increase in the knowledge of puskesmas nurses, when the pretest was carried out in the moderate category, but after START health education in dealing with disasters at Kaki Gunung Burni Telong the level of knowledge gained an average value of 8.85, with a very good category.

Likewise, the attitude obtained before START health education in dealing with the disaster at the foot of Mount Burni Telong with an average value of 33.0, has increased with an average value of 35.90, in the sense of education that has been carried out by the attitude of the nurses. in dealing with disasters has reached the very good category.

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